06172

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 308 Baltimore Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wisconsin COUNTY X 46
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Edwards
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sybil (Middle) Ann (Last) Ablard
4. DATE OF DEATH (Month) June (Day) 15 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 11/9/70
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Wisconsin
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME David Hawley
14. MOTHER'S MAIDEN NAME Nancy Ann Reddin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mr. James E. Ablard, 429 St. Lawrence Drive Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422 / Immediate cause (a) Myocardial failure — 1 week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senile arteriosclerosis + myocarditis — 5 years.

(903.0) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Fracture of right femur — 6 weeks.

19a. DATE OF OPERATION About May 1, 1953.
19b. MAJOR FINDINGS OF OPERATION Pin-operation on right hip.
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) In home (CITY OR TOWN) Tacoma Park (COUNTY) Prin. Georges (STATE) Md.
TIME OF INJURY (Month) May (Day) 4 (Year) 1953 (Hour) 10:00 a.m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? Tripped + fell

22. I hereby certify that I attended the deceased from May 27, 1953, to June 15, 1953, that I last saw the deceased alive on June 12, 1953 and that death occurred at 10:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm A. Linthicum, M.D. ADDRESS Rockville, Md. DATE SIGNED 6/15/53.

23. BURIAL, CREMATION REMOVAL (Specify) Trans. & Burial
DATE THEREOF 6/17/53
NAME OF CEMETERY OR CREMATORY Riverside Cemetery
LOCATION (City, town, or county) Oshkoch, Wisconsin (State)
DATE REC'D BY LOCAL REG. 6-19-53
REGISTRAR'S SIGNATURE Helen S. Eckenfelder
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Frank J. Broschart, D.M.E. notified and approved on June 15, 1953

RECEIVED
JUN 22 1953
BUREAU V. S.

06173

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kerry Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aquasco 16X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) WALBACH (Last) ADAMS

4. DATE OF DEATH (Month) June (Day) 8, (Year) 1953 19

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 4-8-1907
9. AGE last birthday 46 yrs. If under 1 year Months 2 Days 0 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bricklayer
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME James H. Adams
14. MOTHER'S MAIDEN NAME Mary A. Gardiner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 579-09-2278
17. INFORMANT AND ADDRESS Inez D. Adams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 5 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Brosshart M.D. ADDRESS Yurtheshing Md DATE SIGNED 6-8-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-11-53
NAME OF CEMETERY OR CREMATORY Lincoln memorial Cem
LOCATION (City, town, or county) Suitland, Md. (State)

DATE REC'D BY LOCAL REG. 6/8/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert G. McGuire 1820-9th St N.W Wash. D.C.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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RECEIVED
JUN 12 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6574

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural
LENGTH OF STAY (in this place) 2 Mo. 15 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington X 43
STREET ADDRESS (If rural give location) 1608 North Cleveland Street

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) Horace (Last) Alderman

4. DATE OF DEATH: (Month) June (Day) 7 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 3, 1901

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months 0 Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mariner

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Navy

11. BIRTHPLACE (State or foreign country): Amherst, Massachusettes

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Horace F. Alderman

14. MOTHER'S MAIDEN NAME: Ellen S. Fitts.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service) WWII

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Sister: Dorothy A. Welbes : Same as #2 Above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X
Immediate cause (a) Adenocarcinoma, Colon — Interval Between Onset And Death: 1 yr
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 22, 1953, to June 7, 1953, that I last saw the deceased alive on June 7, 1953 and that death occurred at 5:30 PM, from the causes and on the date stated above.

SIGNATURE M. L. GERBER (Degree or title) CDR MC USN ADDRESS U.S. Naval Hospital, NNMC, Bethesda, Maryland. DATE SIGNED June 8 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF June 10 1953 NAME OF CEMETERY OR CREMATORY Arlington National Cemetery LOCATION (City, town, or county) (State) Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR June 8 1953 REGISTRAR'S SIGNATURE Edith Wellington

24. FUNERAL DIRECTOR ADDRESS Ives Funeral Home, 2847 Wilson Boulevard, Arlington, Virginia.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 10 1953
BUREAU V

06174

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 100 Grafton Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 100 Grafton Street

3. NAME OF DECEASED (Type or Print) (First) HARTFORD (Middle) (NMI) (Last) ALLEN

4. DATE OF DEATH (Month) June (Day) 23, (Year) 1953 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Nov. 3, 1893
9. AGE last birthday 59 yrs. If under 1 year Months 7 Days 20 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer
10b. KIND OF BUSINESS OR INDUSTRY U.S. Gov't.
11. BIRTHPLACE (State or foreign country) Ohio
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Unknown Allen
14. MOTHER'S MAIDEN NAME Clara Hearne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Norma H. Allen- Item# 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

976x Immediate cause (a) Cerebral hemorrhage due to
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) bullet wound in skull
(c) Bullet entered roof of mouth

INTERVAL BETWEEN ONSET AND DEATH: Found dead in garage of home

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Self inflicted pistol wound

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☒; homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 6-23-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-26-53
NAME OF CEMETERY OR CREMATORY Parklawn
LOCATION (City, town, or county) (State) Rockville, Maryland

DATE REC'D BY LOCAL REG. 6/24/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06175

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY X 48
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda — LENGTH OF STAY (in this place) 3 days.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington D.C.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban	STREET ADDRESS (If rural give location) 2324 41st Street ✓

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Bargate (Last) Appleton

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	March 2, 1891	62 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Director Research.	Dept. State	England.	U S A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Tom. Appleton	Myra Pattison.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No.			Irma Appleton (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

451X

		Interval Between Onset And Death
Immediate cause	(a) Cardiac Tamponade from	Few hours
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Rupture of Dissecting Aneurysm of Ascending aorta	3 days
DUE TO		
	(c) Mesial necrosis, aorta	Several years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 June, 1953, to 23 June, 1953, that I last saw the deceased alive on 23 June, 1953, and that death occurred at 9:05 P.M., from the causes and on the date stated above.

SIGNATURE Glesh. (Degree or title) M.D. ADDRESS Suburban Hospital Bethesda, Md. DATE SIGNED 24 June 53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 6-26-53 NAME OF CEMETERY OR CREMATORY Foresh Lawn LOCATION (City, town, or county) Terre Haute, Indiana (State)

DATE REC'D BY LOCAL REGISTRAR 6/24/53 REGISTRAR'S SIGNATURE Bessie M Thompson Jos 24. FUNERAL DIRECTOR Gawlers Sons 1756 Pa Ave. N.W. Wash D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-6

RECEIVED
JUN 29 1953
BUREAU V. S.

ITEM 3: film G155 7-16-53 L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 1 Mo. 3 Da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7300 Baltimore Ave. Cedar Haven Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 1345 Monroe St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) ~~ADA~~ IDA (Middle) MAY (Last) BALLARD

4. DATE OF DEATH: (Month) (Day) (Year) June 28 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 11/22/1861
9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Jamestown, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Mussetter
14. MOTHER'S MAIDEN NAME: Virginia Haughey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: 1345 Monroe St.N.W.D.C. Mrs. Edith Hoover (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 3-4X

		Interval Between Onset and Death
Immediate cause	(a) Manitou hypostasis, Annexia	wks to mos
Antecedent cause(s)	DUE TO Senile confusional state	1-2 yrs
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Cerebral and general arteriosclerosis	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) 0
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 0 (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-3 years, to 6/28/, 1953, that I last saw the deceased alive on 6/28/, 1953, and that death occurred at 11:25 P.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) MD ADDRESS 600 Underwood St NW Wash D.C. DATE SIGNED 6/28/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 7/1/53
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) Prince Georges Co. (State) Md
DATE REC'D BY LOCAL REG. June 28 1953
REGISTRAR'S SIGNATURE J Wilson Dodd
24. FUNERAL DIRECTOR The S. H. Hines Co. ADDRESS 2901-14th St. N.W. Washington 9 D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-8-51

RECEIVED
JUN 30 1973
BUREAU V. [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 6½ hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 6723 - 2nd St., N.W.

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Shirley (Last) Basinger

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1953

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 8-4-94

9. AGE last birthday: 58 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Govt Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Treasury Dept.

11. BIRTHPLACE (State or foreign country): Salisbury, N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Basinger

14. MOTHER'S MAIDEN NAME: Frances Barger

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: (Son) Mr. Wm. D. Basinger. Same as above

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Congestive Heart failure — 8 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Myocardial Infarction — 9 mo
DUE TO (c) Hypertensive Heart dis.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 8, 1952, to June 5, 1953, that I last saw the deceased alive on June 5, 1953, and that death occurred at 5.20 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) M F Ottman MD — ADDRESS 401 Kennedy St NW Washington — DATE SIGNED 6/5/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6/8/53 — NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery — LOCATION (City, town, or county) (State) Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR June 10-1953 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS Thomas E. Dunphey 8434 Georgia Ave. Silver Spring, Maryland

VS. A 6

RECEIVED
JUN 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1178

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney
LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mont. County General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lewisdale
STREET ADDRESS (If rural give location): R.F.D. Monrovia

3. NAME OF DECEASED: (First) Samuel (Middle) Webster (Last) Beall
4. DATE OF DEATH: (Month) June (Day) 20 (Year) 19 53
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 16, 1877
9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Gen. Store
11. BIRTHPLACE (State or foreign country): Lewisdale, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Caleb. C. Beall
14. MOTHER'S MAIDEN NAME: Lucinda Watkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs T. Deets Day, Monrovia, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Cerebral Thrombosis	12 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cerebral arteriosclerosis	5 yrs
	DUE TO (c) Generalized arteriosclerosis	5 "
	DUE TO Diabetes Mellitus	1 yr
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? No injury

22. I hereby certify that I attended the deceased from Jan. 1935 to June 20, 53, that I last saw the deceased alive June 20 19 53 and that death occurred at 1:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): M. McKendree Boyer, M. D.
ADDRESS: Druid Theatre Building, Damascus, Maryland.
DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: June 23, 1953
NAME OF CEMETERY OR CREMATORY: Mt. Olivet
LOCATION (City, town, or county) (State): Frederick, Md.
DATE REC'D BY LOCAL REGISTRAR: 6-22-53
REGISTRAR'S SIGNATURE: Gertrude B Lawler
24. FUNERAL DIRECTOR: Olin L. Molesworth
ADDRESS: Damascus, Md.

VS. A15.

RECEIVED
JUN 25 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

VS. A[illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Silver Spring
LENGTH OF STAY (in this place) 54 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1701 Cody Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 1701 Cody Drive

3. NAME OF DECEASED: (Type or Print) (First) Edna (Middle) Parmenter (Last) Beary

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan 13, 1876

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Home Maker

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Parmenter

14. MOTHER'S MAIDEN NAME: Avis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs Avis Grunewald 1701 Cody Dr., Silver Spring, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia, Interstitial, Right lung, Recurrent — Interval Between Onset And Death: 8 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arterio-sclerotic Cardiovascular Disease — 15 years Approx.
DUE TO (c) Coronary thrombosis — 3 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Recurrent Interstitial Pneumonitis — 5 months

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 6, 1953, to June 10, 1953., that I last saw the deceased alive on June 10, 1953., and that death occurred at 11:15 PM. (6-10-53) from the causes and on the date stated above.

SIGNATURE (Degree or title) George B. Patrick M.D. — ADDRESS 8709 Colesville Rd. Silver Spring, Md. — DATE SIGNED June 10, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF — NAME OF CEMETERY OR CREMATORY Rock Creek Cem. — LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REGISTRAR 6/12/53 — REGISTRAR'S SIGNATURE Frances Fuller

24. FUNERAL DIRECTOR The A.H. Hines Co. — ADDRESS 2901-14th N.W. Washington D.C.

RECEIVED
JUN 15 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 80

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda. LENGTH OF STAY (in this place) 1 hour.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY D.C. X 48
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural give location) 3923 Penn. ave. S.E.

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Melvin (Last) Belt.
4. DATE OF DEATH: (Month) June (Day) 20 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 11-1903
9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Salesman.
10b. KIND OF BUSINESS OR INDUSTRY: (Electrical) J.S. Supply Co.
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert E. Belt.
14. MOTHER'S MAIDEN NAME: Catherine A. Lauxman.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: 577-05-6261
17. INFORMANT & ADDRESS: 3059 Oliver St. N.W. (Brother) J. Wm Belt. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute myocardial infarction — Interval Between Onset And Death: 3½ hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Coronary heart disease. — 6 mos.

(c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/22/53 19 , to 6/20/53, 19 , that I last saw the deceased alive on 6/20/53 19 and that death occurred at 4:15 P.M., from the causes and on the date stated above.

SIGNATURE Bernard Walsh (Degree or title) M.D. ADDRESS 900-1 Tth St. N.W. Wash. D.C. DATE SIGNED 6/20/53

23. BURIAL, CREMATION, REMOVAL (Specify) Transit
DATE THEREOF 6/20/53
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem
LOCATION (City, town, or county) (State) Wash. D.C.
DATE REC'D BY LOCAL REGISTRAR 6/22/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR J. Wm Lee Sons Co - 300-4th St. N.E. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
JUN 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]181

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town)
LENGTH OF STAY (In this place) 3 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY COUNTY GENERAL HOSPITAL OLNEY, MD.

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) Rt 1 Bonifant Road

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) William (Last) Bennett
4. DATE OF DEATH: (Month) June (Day) 22 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	12·2·1887	65 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY:
Supervisor Naval Ord Lab	U. S. Navy	Pennsylvania	U. S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Bennett	Kate Jane Weymark

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No		—	Hospital Records.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1

Immediate cause (a) Anterior Myocardial Infarction — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Coronary Occlusion — 3 days

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/19, 1953, to 6/22, 1953, that I last saw the deceased alive on 6/21, 1953, and that death occurred at 6:40 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Sandy Spring Md ADDRESS DATE SIGNED 6/22/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 6-24-53 NAME OF CEMETERY OR CREMATORY Cedar Bluff LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR June 23, 1953 REGISTRAR'S SIGNATURE Gertrude B Fowler

24. FUNERAL DIRECTOR John M Taylor Sons ADDRESS Annapolis Md

VS. A15

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JUN 29 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]182

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 2 Hrs. 22 Min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 1852 Monroe Street, N.W.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Bergess

4. DATE OF DEATH: (Month) June (Day) 12 (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 12, 1953
9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 24 HRS.: Hours 2 Min. 22

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None.
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Bernard E. Bergess
14. MOTHER'S MAIDEN NAME: Naomi Ruth Christy

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Father: Bernard E. Bergess Same as #2 above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

774X

Immediate cause (a) Cardio-vascular-respiratory failure

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Immaturity

DUE TO

(c) Prematurity

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 12, 19 53, to June 12, 19 53, that I last saw the deceased alive on June 12 19 53, and that death occurred at 12:52 PM, from the causes and on the date stated above.

SIGNATURE Peter W. Schneider (Degree or title) [illegible], U.S. Naval Hospital, NNMC, ADDRESS Bethesda, Maryland. DATE SIGNED June 13 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation.
DATE THEREOF June 13 1953
NAME OF CEMETERY OR CREMATORY Naval Medical School, NNMC, LOCATION (City, town, or county) Bethesda, Maryland. (State)

DATE REC'D BY LOCAL REGISTRAR June 13 1953
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR U.S.Naval Medical School, NNMC., ADDRESS Bethesda, Maryland.

206 3171301

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY ... MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, rural
LENGTH OF STAY (in this place): 2 Months 14 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE ... COUNTY ...
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ashland
STREET ADDRESS (If rural give location): 7th. Avenue West Silver Apts.

3. NAME OF DECEASED: (Type or Print) (First) Norman (Middle) Keith (Last) Blix

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 5 1934

9. AGE last birthday: 18 yrs. IF UNDER 1 YEAR: Months ... Days ... IF UNDER 24 HRS.: Hours ... Min. ...

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Mariner

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Navy

11. BIRTHPLACE (State or foreign country): Ashland, Wisconsin

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: THORLEF BLIX

14. MOTHER'S MAIDEN NAME: ELMA HERLEVI

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Korean Period

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mother: Elma Blix, Same as #2 above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ulcerative colitis — Interval Between Onset And Death: 6 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) ...
DUE TO (c) ...

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. **INJURY OCCURED** While at Work ☐ Not While At Work ☐ **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from April 8, 19 53, to June 22, 19 53, that I last saw the deceased alive on June 22, 19 53, and that death occurred at 7:00 AM, from the causes and on the date stated above.

SIGNATURE: E. J. [illegible], LT MC USN — (Degree or title) — ADDRESS: U.S.Naval Hospital, NNMC, Bethesda, Maryland. — DATE SIGNED: June 23 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial — **DATE THEREOF:** June 25 1953 — **NAME OF CEMETERY OR CREMATORY:** Mount Hope Cemetery — **LOCATION** (City, town, or county) (State): Ashland, Wisconsin

DATE REC'D BY LOCAL REGISTRAR: June 24 53 — **REGISTRAR'S SIGNATURE:** Edith Whittington

24. FUNERAL DIRECTOR — **ADDRESS:** R.A. Pumphrey Funeral Home, [illegible] Wisconsin Avenue, Bethesda, Maryland.

VS. A15

RECEIVED
JUN 24 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 84

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 1 Month 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Stafford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Quantico
STREET ADDRESS (If rural give location) Quarters 828-B

3. NAME OF DECEASED: (Type or Print) (First) Jesse (Middle) Earl (Last) Bradshaw
4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 12 1894
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months 2 Days 19 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Salesman General
11. BIRTHPLACE (State or foreign country): Fairbury Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Francis L. Bradshaw
14. MOTHER'S MAIDEN NAME: Cora Bowers

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: SON: Frank L. Bradshaw Same as #2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) Carcinoma. Pulmonary Right Upper Lobe Squamous Cell — Interval Between Onset And Death 6 mos.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes XX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 27, 1953, to June 1, 1953, that I last saw the deceased alive on June 1, 1953 and that death occurred at 11:11 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) E. W. DAVIS, LTJG MC USNR, ADDRESS U.S.Naval Hospital, NNMC, Bethesda, Maryland. DATE SIGNED 2 June 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Removal-Burial
DATE THEREOF 3 June 1953
NAME OF CEMETERY OR CREMATORY Fairbury, Nebraska Cemetery
LOCATION (City, town, or county) (State) Fairbury Nebraska

DATE REC'D BY LOCAL REGISTRAR June 2 1953
REGISTRAR'S SIGNATURE Eric Whittington
24. FUNERAL DIRECTOR R. A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 4 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3185

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash, Sanitarium + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 8411 Queen Anne's Dr.

3. NAME OF DECEASED: (Type or Print) (First) Emily (Middle) Vernetta (Last) Brown
4. DATE OF DEATH: (Month) 6 (Day) 12 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 5-25-73
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): York Co., Penna
12. CITIZEN OF WHAT COUNTRY? U.S.C.

13. FATHER'S NAME: Swain Gray
14. MOTHER'S MAIDEN NAME: Laura Jane Thompson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Daughter Silver Spring, Md. Mrs. Violet McDowell - 8411 Queen Anne's Dr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.1 Immediate cause	(a) Bronchopneumonia and pulmonary edema	2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Myocardial fibrosis and cerebral degeneration	Years
260X	DUE TO (c) Arteriosclerotic disease of coronary and cerebral vessels	Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — Unknown

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 30, 1953, to June 12, 1953, that I last saw the deceased alive on June 12, 1953, and that death occurred at 11:05 P.M., from the causes and on the date stated above.

SIGNATURE Arthur R. Bergman (Degree or title) M.D. ADDRESS 8401 Colesville Rd. Silver Spring, Md. DATE SIGNED 6-13-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 16, 1953
NAME OF CEMETERY OR CREMATORY Prospect M.E. Church Cemetery
LOCATION (City, town, or county) (State) Gatchelville, York Co., Pa.
DATE REC'D BY LOCAL REGISTRAR June 15th 1953
REGISTRAR'S SIGNATURE J. Wilton Dodd
24. FUNERAL DIRECTOR Warner E. Pumphrey, ADDRESS Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06186

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 1 Month 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 925 Ingranam Street N.W.

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) Nora (Last) Browne

4. DATE OF DEATH: (Month) June, (Day) 14 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 30, 1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months 0 Days 14 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Pensmita
14. MOTHER'S MAIDEN NAME: Anna Lentz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Iona C. Browne
Daughter: 925 Ingranam St., N.W., Washington, D.C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Uremia — Interval Between Onset And Death: Unk.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis, Generalized — Unk.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 12, 1953, to June 14, 1953, that I last saw the deceased alive on June 14, 1953, and that death occurred at 2:45 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) J. R. McMahan, LT MC USN, U.S.Naval Hospital, NNMC, Bethesda, Maryland. ADDRESS DATE SIGNED June 15 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 17 1953
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR June 15 1953
REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR W. W. DEAL FUNERAL HOME, 8412 Georgia Avenue N.W, Washington, D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

RECEIVED
APR 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 66187

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 3809 Chevy Chase Lake Drive

3. NAME OF DECEASED: (Type or Print) (First) CLAYBORNE (Middle) T. (Last) CACKLEY

4. DATE OF DEATH: (Month) June (Day) 18, (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: 7-28-1904

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months 10 Days 20 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Executive

10b. KIND OF BUSINESS OR INDUSTRY: Trade Ass'n.

11. BIRTHPLACE (State or foreign country): Frankford, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William T. Cackley

14. MOTHER'S MAIDEN NAME: Louanna Jones

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Frances M Cackley, Chevy Chase, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 445 X (a) Uremia DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Malignant Hypertension DUE TO

(c)

Interval Between Onset And Death: 46 days

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February, 1953 to 6/18, 1953, that I last saw the deceased alive on 6/18, 1953 and that death occurred at 1:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) William A Bailey Jr MD

ADDRESS 2015 R St NW Wash DC

DATE SIGNED 6/18/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 6-20-1953

NAME OF CEMETERY OR CREMATORY Crystal Springs Cemetery

LOCATION (City, town, or county) (State) Benton Harbor, Michigan

DATE REC'D BY LOCAL REGISTRAR 6/22/53

REGISTRAR'S SIGNATURE Francis J Thompson

24. FUNERAL DIRECTOR ADDRESS 1756 Pa. Ave. NW Washington D.C.

RECEIVED
JUN 24 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6188

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10,405 Julep Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 10,405 Julep Ave.

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) C. (Last) CAMPBELL,

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 19 53

5. SEX: male MALE

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: June 26, 1894

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Asbestos Installer -

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Edinburgh, Scotland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Brodie

14. MOTHER'S MAIDEN NAME: Mary

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 136-10-3818

17. INFORMANT & ADDRESS: Wm. C. Campbell, Jr., 10,405 Julep Ave., SS., Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163x

Immediate cause (a) Pulmonary Carcinoma DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 3 mos.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/10 ,19 53 , to 6/3 , 19 53 , that I last saw the deceased alive on 5/30 , 19 53 , and that death occurred at 6 30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Sanford J. Randall M.D. 3636 16 ST. N.W. D.C. 6/4/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 6/6/53

NAME OF CEMETERY OR CREMATORY Parklawn Cemetery

LOCATION (City, town, or county) (State) Montgomery County, Md.

DATE REC'D BY LOCAL REGISTRAR 6-5-53

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner E. Humphreys ADDRESS 8434 Ga. Ave. Silver Spring, Md.

VS. 115

RECE
JUN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 905 Juniper

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 905 Juniper

3. NAME OF DECEASED (Type or Print): (First) Kathryn (Middle) Woodall (Last) Carmichael

4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 20, 1867

9. AGE last birthday: 85 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Crumpton Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Marion Bailey

14. MOTHER'S MAIDEN NAME: Martha E. Woodall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs Marion Croggon 905 Juniper Silver Spring, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — ?

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1953 to June 14, 1953 that I last saw the deceased alive on June 14, 1953, and that death occurred at 12 05 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Marion Bamford M.D. — ADDRESS 9241 Col. Blvd Silver Spring Md — DATE SIGNED 6/14/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 16, 1953 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery — LOCATION (City, town, or county) (State): Suitland, Pr. Geo. Co., Md.

DATE REC'D BY LOCAL REG.: June 16, 1953 — REGISTRAR'S SIGNATURE: Frances Potter — 24. FUNERAL DIRECTOR: Warner E. Pumphrey — ADDRESS: Silver Spring, Md.

RECEIVED
JUN 19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7508 Carroll Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 1319 Gallatin St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Irene (Middle) (Last) Carter

4. DATE OF DEATH: (Month) June (Day) 28 (Year) 1953

5. SEX: f

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12/18/1870

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Month Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired

10b. KIND OF BUSINESS OR INDUSTRY: Govt. employe

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Carter

14. MOTHER'S MAIDEN NAME: Mary R. Cook

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) — —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs. Frank Sherman (Sister) 1319 Gallatin St. N.W. Wash. D.C.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
4 21 1 Immediate cause	(a) Myocardial infarction	1 day
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arterio-Sclerosis	
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cerebral arterio. Sclerosis —	3 years

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/21/49 to 6/28/53, that I last saw the deceased alive on 6/28/53, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Herman C. O'Keefe M.D. ADDRESS 5315-16st nw. Washington D.C. DATE SIGNED 6/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7/1/53 — NAME OF CEMETERY OR CREMATORY Greenmont Cem. — LOCATION (City, town, or county) (State) Baltimore, Md

DATE REC'D BY LOCAL REGISTRAR June 28-1953 — REGISTRAR'S SIGNATURE J. Milton Dodd

24. FUNERAL DIRECTOR A. H. Hines Co., ADDRESS Washington D.C.

VS. A15

RECEIVED
JUN 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]91

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 8 Leland Court.

3. NAME OF DECEASED: (Type or Print) (First) Jenner (Middle) Albert (Last) Chace, SR.

4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 9. 1875

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months 4 Days 24 IF UNDER 24 HRS. Hours (Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Physician

10b. KIND OF BUSINESS OR INDUSTRY: MEDICAL

11. BIRTHPLACE (State or foreign country): Mass.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: George A. Chace

14. MOTHER'S MAIDEN NAME: Sarah A. Brownell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No: 014-24-6614

17. INFORMANT & ADDRESS: Mary D. Chace wife.

18. MEDICAL CERTIFICATION

			Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause	(a)	Chronic suppurative cholangitis	2 months
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Hypoplastic Anemia	2 years
	DUE TO (c)	Carcinoma, Hepatic Flexure, Colon	2 years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1948 2

19b. MAJOR FINDINGS OF OPERATION: Cholelithiasis

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 May, 1953, to 3 June, 1953, that I last saw the deceased alive on 3 June, 1953, and that death occurred at 5:20 PM., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Suburban Hosp. Bethesda, Md. DATE SIGNED 4 June 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-transit

DATE THEREOF 6/4/53

NAME OF CEMETERY OR CREMATORY Oak Grove

LOCATION (City, town, or county) (State) Fall River, Bristol, Mass.

DATE REC'D BY LOCAL REGISTRAR 6/4/53

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Robert A. Umphrey ADDRESS Bethesda, Md.

VS. A15

RECEIVED
JUN 8 19
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1192

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A[illegible]

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; LENGTH OF STAY (in this place) 2yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 904 Hollywood Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montg.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural give location) 904 Hollywood Ave

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Eliza (Last) Chenworth.

4. DATE OF DEATH: (Month) 6 (Day) 7 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 7/31/1861

9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Reid

14. MOTHER'S MAIDEN NAME: Mary Cook.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) ND (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Daughter, Mrs Schwartz. 904 Hollywood Ave Silver Spring Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442 x

Immediate cause (a) Cerebral - Vascular Accidents (recurrant) DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardio vascular disease DUE TO

(c)

Interval Between Onset And Death: (a) 5 mo. (b) Yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/20, 1953, to 6/7, 1953, that I last saw the deceased alive on 6/6, 1953, and that death occurred at 8:50 AM, from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Sandy Spring Md DATE SIGNED 6/7/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6/10/53 — NAME OF CEMETERY OR CREMATORY St. Johnatius Cem — LOCATION (City, town, or county) Hickory (State) Harford Co. Md

DATE REC'D BY LOCAL REGISTRAR 6/9/53 — REGISTRAR'S SIGNATURE A. W. Hedrick — 24. FUNERAL DIRECTOR Lansdale Funeral Home — ADDRESS 7401 Belair Rd.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]193

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda rural
LENGTH OF STAY (in this place): 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE [illegible] COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: [illegible] X4[illegible]
STREET ADDRESS (If rural give location): 2237 North [illegible]

3. NAME OF DECEASED: (Type or Print) (First) [illegible] (Middle) [illegible] (Last) [illegible]
4. DATE OF DEATH: (Month) June (Day) [illegible] (Year) 19[illegible]

5. SEX: Female
6. COLOR OR RACE: [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]
8. DATE OF BIRTH: June [illegible] 19[illegible]
9. AGE last birthday: [illegible] yrs. IF UNDER 1 YEAR: Months [illegible] Days [illegible] IF UNDER 24 HRS.: Hours [illegible] Min. [illegible]

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Arthur B. Chilton
14. MOTHER'S MAIDEN NAME: Charlotte Presley

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Father: Arthur B. Chilton Same as [illegible] above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X

Immediate cause (a) IMMATURITY DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) PREMATURITY DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June [illegible], 19 53, to June [illegible], 19 53, that I last saw the deceased alive on June 28, 19 53 and that death occurred at [illegible] :30AM, from the causes and on the date stated above.

SIGNATURE: [illegible] O. [illegible], [illegible] MC USN. (Degree or title) U.S. Naval Hospital, NNMC, Bethesda, Maryland. ADDRESS DATE SIGNED [illegible] 19[illegible]

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: June 30 1953
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: [illegible] 1953
REGISTRAR'S SIGNATURE: Edith Whittington
24. FUNERAL DIRECTOR: R. A. Pumprey Funeral Home, [illegible] Avenue, Bethesda, Maryland. ADDRESS

2063344260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 30 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cedarcroft Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville, [illegible]
STREET ADDRESS (If rural, give location): 7324 Forrest Rd, Hyattsville

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) Christopher (Last)

4. DATE OF DEATH (Month) June (Day) 16 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 1/24/1894
9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dept Store buyer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore City, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Fredric Schroeder
14. MOTHER'S MAIDEN NAME: Frances ~~Sony~~ CORRIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216 10 8794
17. INFORMANT AND ADDRESS: Mrs. Francis B. Christopher, 7324 Forrest Rd, Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

221X Immediate cause (a) Cerebral Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/29, 1953 to 6/16, 1953 that I last saw the deceased alive on 6/16, 1953 and that death occurred at 6:10 P.M., from the causes and on the date stated above.

SIGNATURE: Richard B. Thibadeau M.D. (Degree or title) — ADDRESS: Silver Spring Md. — DATE SIGNED: 6/16/53

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE THEREOF: 6 - 19 - 53 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 6/17/53 — REGISTRAR'S SIGNATURE: D. W. Hedrick Dyer.

24. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. — ADDRESS: 1900 Eutaw Place, Baltimore, Md.
M B Mitchell

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

95

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH: COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town); LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS: Montgomery County General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY OR TOWN: Rockville; STREET ADDRESS (If rural, give location): 601 Anderson Ave.

3. NAME OF DECEASED (Type or Print): (First) Levi (Middle) W. (Last) Cochran

4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, or DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 14, 1873

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Contractor

11. BIRTHPLACE (State or foreign country): Virgina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Mary Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. Cochran - Same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Shock - multiple fractures extreme — Interval Between Onset and Death: 10 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway

(CITY OR TOWN): Fulton (COUNTY): Howard (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): June 13 - 53 - 2 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Passenger in truck which struck culvert

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Broschart (Degree or title) MD

ADDRESS: Gaithersburg Md

DATE SIGNED: 6-14-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: June 16, 1953

NAME OF CEMETERY OR CREMATORY: Rockville Union Cem.

LOCATION (City, town, or county) (State): Rockville Maryland

DATE REC'D BY LOCAL REG: 6-14-53

REGISTRAR'S SIGNATURE: Gertrude B Fowler

24. FUNERAL DIRECTOR: P A Humphrey

ADDRESS: Bethesda Md.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C6196

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
STREET ADDRESS (If rural give location) Brooke Grove

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) (Last) Cooke

4. DATE OF DEATH: (Month) June (Day) 7 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: March 21, 1864

9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): inventor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Cooke

14. MOTHER'S MAIDEN NAME: Elizabeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval Between Onset and Death: 2 wk.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Benign Prostatic Hypertrophy

~~DUE TO~~ and

(c) Arteriosclerosis, Generalized

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/ ,1952 to 6/7 , 1953, that I last saw the deceased alive on 6/6, 1953, and that death occurred at 7:20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 6/7/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6-9-53 — NAME OF CEMETERY OR CREMATORY Maple Lawn Cem. — LOCATION (City, town, or county) Long Island N.Y. (State)

DATE REC'D BY LOCAL REGISTRAR 6-7-53 — REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR Robert J. Dempsey — ADDRESS Bethesda, Md.

VS. A1

RECEIVED
JUN 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]197

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda. LENGTH OF STAY (in this place) 29 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville Md.
STREET ADDRESS (If rural give location) Route #2.

3. NAME OF DECEASED: (Type or Print) (First) Albert (Middle) (Last) Cooper
4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 7-11-94
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): unemployed
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Joseph Cooper
14. MOTHER'S MAIDEN NAME: Rebecca Lyles

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ✓ (If Yes, give war or dates of service) yes #1
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Rosie Simms - Rockville, Md R.F.2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490X

Immediate cause (a) Lung Abscesses — Interval Between Onset And Death: 10 days ?

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Unresolved lobar pneumonia lower right, upper left lobes — several yr

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 June, 1953, to 21 June, 1953, that I last saw the deceased alive on 21 June, 1953, and that death occurred at 2³⁰ P.M., from the causes and on the date stated above.
SIGNATURE Flesh (Degree or title) M.D. ADDRESS Suburban Hospital Bethesda Md DATE SIGNED 22 June

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 6/24/53 NAME OF CEMETERY OR CREMATORY Scotland LOCATION (City, town, or county) Scotland, Md (State)
DATE REC'D BY LOCAL REGISTRAR 6/24/53 REGISTRAR'S SIGNATURE Bessie M. [illegible]
24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-6

RECEIVED
JUN 29 1953

198

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH:

County Montgomery

City or town Takoma Park (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 17 Pine Ave ~~4 months~~ 9 years

Hospital, Institution, or street address where death occurred: Crestwood Convalescent Home

How long in hospital or institution? 4 months

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Takoma Park (If outside city or town limits, write RURAL and give nearest town)

Street No. 7224 Spruce Ave. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Nellie Maud Cross

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	widowed

6.(b) Name of husband ~~or wife~~ Herman M.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept. 20 - 1875

8. AGE: Years	Months	Days	If less than one day
77	9	~~[illegible]~~	..... hrs. ..... min.

9. Birthplace Worcester Washington Co. Vt (Town, county, and state)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER

12. Name Horace P. Darling

13. Birthplace Elmore Vt.

14. Maiden name Caroline Goodell

15. Birthplace Calais Vt

16. Informant Harold Cross

Address 7224 Spruce Ave, Takoma Park, Md.

17. Transit-Burial (Burial, cremation, or removal, Which?) Date thereof 6-13-53 (month) (day) (year)

Cemetery or crematory Worcester Cemetary

Location Worcester Vermont

18. Funeral director S. H. Hines Co.

Address 2901 14th st N.W. Washington, D.C.

19. June 10th 19 (Date rec'd by registrar) J. Hilton Dodd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/10/ 1953 at 4:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/9/53 19 to 6/10/ 1953 and that I last saw her alive on 6/9/ 1953

Immediate cause of death	DURATION
Bronchopneumonia following cold	1 wk
Due to Cerebral thrombosis & cerebral arteriosclerosis + Rhinophyma	4-5 mo
Due to	
Other conditions 332X (Include pregnancy within 3 months of death)	

Major findings of operations 0

Date of op.

Autopsy results 0

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide 0 Date of 0

Where did injury occur? 0 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas H. Wolstrom, M.D. M. D. or other

Address 500 Underwood St NW Date signed 6/10/53 4:45 am

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 15 1953
BUREAU V. S.

'99

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westgate
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westgate
STREET ADDRESS (If rural, give location) 4928 Earlston Dr.

3. NAME OF DECEASED (Type or Print) (First) Edith (Middle) Estelle (Last) Davis
4. DATE OF DEATH (Month) June (Day) 27 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Feb 19, 1883
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Henry Scaggs
14. MOTHER'S MAIDEN NAME Effie Martin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs Ruby D Presnell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X Immediate cause (a) Schirro's carcinoma right — INTERVAL BETWEEN ONSET AND DEATH 2 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with metastasis to bones (spine — 1 year

(c) right clavicle and right femur)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION May 5, 1952 Sept 52
19b. MAJOR FINDINGS OF OPERATION Carcinoma of breast fracture of right femur.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1952, to June 26, 1953, that I last saw the deceased alive on June 26, 1953, and that death occurred at 5 A. m. from the causes and on the date stated above.

SIGNATURE (Degree or title) C. P. Ryland
ADDRESS C. P. RYLAND, M.D. 4400 - 49th St., N. W. Washington 16, D. C.
DATE SIGNED 6-27-53

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF July 1 1953
NAME OF CEMETERY OR CREMATORY —
LOCATION (City, town, or county) (State) Enterprise, Oregon
DATE REC'D BY LOCAL REG. 6/29/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Cherry Chase Funeral Home ADDRESS 5103 Wis Ave N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

RECEIVED
JUL 1 1953
BUREAU V. S.

66200

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 217

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barnesville; MARYLAND; LENGTH OF STAY (in this place) 2 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Monty; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barnesville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Notley	Hays	Davis	June	1	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	Dec 19-1883	69 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired farmer	Owner	Maryland	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John W Davis	Harriet E Hays

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	None	Mrs Mary Davis, Barnesville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause (a) Coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	about
(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Fran L. Carr	Grad M.D.	Gaithersburg Md	6-1-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county) (State)
Burial	6/4/53	Monocacy	Beallsville Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/3/53	Chas E Gue [illegible]	William B Hilton	Barnesville, Md

VS. A15A

JUN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

0201

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) R#1 Norwood

3. NAME OF DECEASED: (Type or Print) (First) Lloyd (Middle) (Last) Davison
4. DATE OF DEATH: (Month) June (Day) 10 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 7 1903
9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Electrical
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Austin L. Davison
14. MOTHER'S MAIDEN NAME: Margaret Fell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 368-14-0028
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) ACUTE MYOCARDIAL INFARCTION — Interval Between Onset And Death: 16 DAYS

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) PAST " " "

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. GEN. ARTERIOSCLEROSIS

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 MAY, 1953, to 10 JUNE, 1953 that I last saw the deceased alive on 10 JUNE, 1953, and that death occurred at 7:15 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) John Bailey Ziegler M.D. ADDRESS Olney, Md DATE SIGNED 10 June 53

23. BURIAL, CREMATION, REMOVAL (Specify) Trans. & Burial
DATE THEREOF 6/11/53
NAME OF CEMETERY OR CREMATORY St. Martins Cemetery
LOCATION (City, town, or county) (State) New Hope, Pennsylvania
DATE REC'D BY LOCAL REGISTRAR 6-13-53
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Warner E Pumerey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

from Potter P.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 16 1953
BUREAU V. S.

202

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 17

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; LENGTH OF STAY (In this place) 1 wk; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1112 Meurilee Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Utah; COUNTY X 41; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salt Lake City; STREET ADDRESS (If rural, give location) 243 East So. Temple Street

3. NAME OF DECEASED (Type or Print): (First) Johanna (Middle) H. C. (Last) DeGooyer

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5/16/85

9. AGE last birthday: 68 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk - U.S. Naval Supply

10b. KIND OF BUSINESS OR INDUSTRY: Depot

11. BIRTHPLACE (State or foreign country): Dordrecht, Holland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: J. Gobel

14. MOTHER'S MAIDEN NAME: Johanna H. Duhne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 528-28-1169

17. INFORMANT AND ADDRESS: Mr. John G. DeGooyer, 1112 Meurilee Lane Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion — Interval between onset and death: sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) [illegible] death

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.*

SIGNATURE: Frank J. Brockhat (Degree or title) M. D. ADDRESS: Gaithersburg Md DATE SIGNED: 6-15-53

23. BURIAL, CREMATION, REMOVAL (Specify): Trans. DATE THEREOF: 6/15/53 NAME OF CEMETERY OR CREMATORY: ? LOCATION (City, town, or county) (State): Salt Lake City, Utah

DATE REC'D BY LOCAL REG. 6/16/53 REGISTRAR'S SIGNATURE: Frances Tate

24. FUNERAL DIRECTOR: Warner & Humphrey ADDRESS: 8434 Georgia Ave. Silver Spring, Maryland

VS. A15A

RECEIVED
JUN 19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06203

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dillsburg
STREET ADDRESS (If rural give location) Rural Route #3

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Carl (Last) Dickson Jr.

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: October 26 1922

9. AGE last birthday: 30 yrs. IF UNDER 1 YEAR: Months 7 Days 26 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired). Administration

10b. KIND OF BUSINESS OR INDUSTRY: Material Supply

11. BIRTHPLACE (State or foreign country): Birmingham, Alabama

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert Carl Dickson Sr.

14. MOTHER'S MAIDEN NAME: Gwen Powell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service) WWII

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Wife: Marion Dickson Same as #2 Above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 196X (a) DUE TO Chondrosarcoma c pulmonary + pericardial involvement

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death 2 3/4 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes XX No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1953, to June 22, 1953, that I last saw the deceased alive on June 22, 1953, and that death occurred at 6:20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. J. RUPPEL, LT MC USN, U.S.Naval Hospital, NNMC, Bethesda, Maryland. June 22 1953

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF June 24 1953 NAME OF CEMETERY OR CREMATORY Arlington National Cemetery LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REGISTRAR JUN 22 1953 REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR ADDRESS R. A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland.

RECEIVED
JUN 23 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6214

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wheaton
STREET ADDRESS (If rural give location) 2813 Hardy Avenue

3. NAME OF DECEASED: (Type or Print) (First) David (Middle) — (Last) Doggett

4. DATE OF DEATH: (Month) June (Day) 20 (Year) 19 53

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 7-2-74

9. AGE Last Birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Streetcar motorman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: David Doggett

14. MOTHER'S MAIDEN NAME: Isabella (unknown)

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. John E. Duvall, Daughter 7908 Wildwood Dr., Takoma Park

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 32 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c) with Congestive Heart Failure — 1 week

420.2

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — Years

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 19, 1953, to June 20 1953 that I last saw the deceased alive on June 20, 1953, and that death occurred at 2.25 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Ben J. Curry M.D. 9301 Georgia Ave S.S. June 20 1953

23. BURIAL CREMATION REMOVAL (Specify) Burial DATE THEREOF June 23-53 NAME OF CEMETERY OR CREMATORY Cedar Cemetery LOCATION (City, town or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REGISTRAR 6/22/53 REGISTRAR'S SIGNATURE Jessie M. Thompson

24. FUNERAL DIRECTOR J. Wm. Lee. Sons Co. ADDRESS Wash. D.C.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 24 1953
BUREAU V

Item 18 Film G154 6-12-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06205

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Ger.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hampshire Knolls
STREET ADDRESS (If rural give location) 5907 Knollbrooke Avenue

3. NAME OF DECEASED: (Type or Print) (First) CORA (Middle) V. (Last) DONOHUE

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: August 13, 1865
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: Homemaker
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles A. Scott
14. MOTHER'S MAIDEN NAME: Mary Ellen Parker

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Charles E. Donohue, Hyattsville, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Generalized Carcinomatosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Primary site unknown

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/3, 1953, to 6/5, 1953, that I last saw the deceased alive on 6/5, 1953, and that death occurred at 6.45 pm from the causes and on the date stated above.

SIGNATURE (Degree or title) Leon H Harding MD
ADDRESS 113 Carroll St NW, Wash DC
DATE SIGNED 6/5/23

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 8, 1953
NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery
LOCATION (City, town, or county) Pikesville, (State) Md.

DATE REC'D BY LOCAL REGISTRAR June 8 1953
REGISTRAR'S SIGNATURE J. Hilton Dodd
24. FUNERAL DIRECTOR J. Arthur Salters, 254 Carroll St. NW
ADDRESS Takoma Park. DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 1973
BUREAU V.S.

206

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural give location) 7804 Garland Ave.

3. NAME OF DECEASED: (Type or Print) (First) Hannah (Middle) Jeanette (Last) Doten

4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1953

5. SEX: Fe
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Feb. 27 - 1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel R. Turner
14. MOTHER'S MAIDEN NAME: Mary Pauline Loveless

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Respiratory & cardiac failure — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hydrothorax bilateral & pericarditis, fibrinous, — wks.

DUE TO Pleural, mediastinal, diaphragmatic — 4 yrs.

Pulmonary extensions of recurrent carcinoma of st. breast

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I ~~attended~~ autopsied the deceased from Mar. 18, 1953, to June 18 1953, that I last saw the deceased alive on June 18, 1953 and that death occurred at 12:55 pm, from the causes and on the date stated above.

SIGNATURE J. H. Cornell (Degree or title) Pathologist ADDRESS Wash. San & Hosp. Takoma Park Md. DATE SIGNED June 18, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 22, 1953
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem
LOCATION (City, town, or county) Prince George Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR June 18
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR S.H. Hines Co. ADDRESS 2901-14 St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

EIVED
JN 22 1953
EAU V. S.

06207

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (In this place) 17½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 9004 Louis St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Maurice	J.	Doyle	June	29	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	8-16/74	78 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Glass Beveler (retired		Chicago, Ill.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Doyle	Kathryn Goodwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		Mr. Joseph R. Doyle, 9004 Louis Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
421.1 Immediate cause	(a) Calcific aortic Valvulitis	2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cirrhosis of Liver	
(402.0)	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Fracture left femur — 19 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
		Silver Spring	Mont	md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		Fell from wheel chair at home

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Fred J. Borchardt	M.D.	Gaithersburg md	6-30-53

BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/2/53	St. John's Cemetery	Montgomery County, Md.

DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/2/53	[illegible]	Warner E. Humphrey	8434 Georgia Ave. Silver Spring, Md.

VS. A15A

1. PRINT OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 6 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00268

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 12 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
STREET ADDRESS (If rural give location) 3512 Inverness Drive

3. NAME OF DECEASED: (Type or Print) (First) Wilfred (Middle) John (Last) Duda.
4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan 23, 1916
9. AGE last birthday: 37 yrs. IF UNDER 1 YEAR Months 4 Days 15 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Dept. Statz.
10b. KIND OF BUSINESS OR INDUSTRY: Government.
11. BIRTHPLACE (State or foreign country): New York.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Duda
14. MOTHER'S MAIDEN NAME: Emma Bessen

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Lorraine Duda (wife)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

584X Immediate cause (a) Ventricular Tachycardia — 18 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Massive Collapse lungs both lower — 18 hrs.

DUE TO

(c) lobes, Post operative

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Empyema Gall bladder c̄ cholelithiasis — 10 days

19a. DATE OF OPERATION: 6.4.53
19b. MAJOR FINDINGS OF OPERATION: Empyema Gall bladder c̄ Cholelithiasis
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May 30, 1953, to June 8, 1953, that I last saw the deceased alive on June 8, 1953, and that death occurred at 5:17 PM from the causes and on the date stated above.

SIGNATURE Stewart Blaff (Degree or title) M. R. ADDRESS 3921 Mgomery St Wash D.C. DATE SIGNED June 8 '53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/11/53
NAME OF CEMETERY OR CREMATORY Parklawn
LOCATION (City, town, or county) (State) Montgomery Maryland

DATE REC'D BY LOCAL REGISTRAR 6/11/53
REGISTRAR'S SIGNATURE Bessie M. [illegible]
24. FUNERAL DIRECTOR Robert A. Humphrey
ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 15 19
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06209

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY COUNTY GENERAL HOSPITAL OLNEY, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Airy
STREET ADDRESS (If rural give location) Route 5

3. NAME OF DECEASED: (Type or Print) (First) Downey (Middle) Williams (Last) Duvall
4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2.13.1900
9. AGE last birthday: 53 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer & Garageman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jefferson Duvall
14. MOTHER'S MAIDEN NAME: Florence Williams

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 220-26-6711
17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Coronary Thrombosis with Myocardial Infarction — Interval Between Onset And Death: 3 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart disease — Not known

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 21, 1953, to June 21, 1953, that I last saw the deceased alive on June 21, 1953, and that death occurred at 11:15 pm from the causes and on the date stated above.

SIGNATURE Jack Schumacher (Degree or title) M.D. ADDRESS Gaithersburg, Md. DATE SIGNED June 23, 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF June 24, 1953 | NAME OF CEMETERY OR CREMATORY Damascus | LOCATION (City, town, or county) (State) Damascus. Md.

DATE REC'D BY LOCAL REGISTRAR 6-23-53 | REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR Olin L. Molesworth, ADDRESS Damascus, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

(schum.)

RECEIVED
JUN 25 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10210

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Kensington
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10,607 Wheatley Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Kensington
STREET ADDRESS (If rural give location): 3603 Perry Avenue

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Louise (Last) Ellsworth

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 6/28/67

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Philadelphia, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John O'Hara

14. MOTHER'S MAIDEN NAME: Martha Clark

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Leo Tooley, 10,607 Wheatley St. Kensington, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 430.1 (a) Coronary Thrombosis — Interval Between Onset And Death: 3 wk.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis — 14 yr.
DUE TO (c) Essential Hypertension — 20 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. ..., 1944, to June 21 ..., 1953., that I last saw the deceased alive on June 21., 1953., and that death occurred at 10:30 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): Bertram F. Schafer M.D. ADDRESS: 1801 K St. N.W. - Wash. D.C. DATE SIGNED: June 22, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6/25/53
NAME OF CEMETERY OR CREMATORY: Glenwood Cemetery
LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR: June 24 53
REGISTRAR'S SIGNATURE: Frances [illegible]

24. FUNERAL DIRECTOR: Warner & Dunphrey, ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

RECEIVED
JUN 25 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (C211)

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | LENGTH OF STAY (in this place)
MONTGOMERY CO.
HOSPITAL OR INSTITUTION OR STREET ADDRESS GEN'L HOSPITAL, INC. Olney Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural give location) Rt 2 Box 69

3. NAME OF DECEASED: (Type or Print) (First) Eliza (Middle) Jane (Last) English
4. DATE OF DEATH: (Month) June (Day) 30 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 12/11/76
9. AGE last birthday: 76 yrs. | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Henry Dove
14. MOTHER'S MAIDEN NAME: Lucinda Handy

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | Interval Between Onset And Death

Immediate cause (a) Tongue [illegible] right [illegible] [illegible] [illegible]

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) [illegible] [illegible] [illegible] [illegible] [illegible]

DUE TO (c) Right Hemiplegia [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓
(CITY OR TOWN) ✓ (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 8:27 a.m. from the causes and on the date stated above.
SIGNATURE [illegible] (Degree or title) [illegible] ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 3/1953
NAME OF CEMETERY OR CREMATORY Linco Park
LOCATION (City, town, or county) Rockville Md (State)
DATE REC'D BY LOCAL REGISTRAR 7-3-53
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Robert L. Snowden
ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 8 1913
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

212

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Maryland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 622 Wayne Avenue

3. NAME OF DECEASED: (Type or Print) (First) Theresa (Middle) Loretta (Last) Eppard

4. DATE OF DEATH: (Month) June (Day) 18, (Year) 1953

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 4/29/38
9. AGE last birthday: 15 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): High School Student
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U. S.A.

13. FATHER'S NAME: George I. Eppard, Jr.
14. MOTHER'S MAIDEN NAME: Marion E. Thibadeau

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Marion E. Eppard-622 Wayne Ave. Silver Spg

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

330X

Immediate cause (a) Subarachnoid Hemorrhage DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death 4½ hours

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-18, 1953, to , 19 , that I last saw the deceased alive on 6-18, 1953, and that death occurred at 8:45 PM, from the causes and on the date stated above.

SIGNATURE J. Murphy (Degree or title) MD ADDRESS 1904 R St NW DC DATE SIGNED 6-1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/22/53
NAME OF CEMETERY OR CREMATORY Mt Olivet Cem.
LOCATION (City, town, or county) Washington DC (State)

DATE REC'D BY LOCAL REGISTRAR June 19-1953
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR The S H Hines Co ADDRESS 2901 14th St. N.W. Wash. DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A1

RECEIVED
JUN 22 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6009 Roseland Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Rockville
STREET ADDRESS (If rural, give location) 6009 Roseland Lane

3. NAME OF DECEASED (Type or Print) (First) ANNA (Middle) MARY (Last) FISCHER
4. DATE OF DEATH (Month) June (Day) 30 (Year) 1953
5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH 12-11-1872
9. AGE last birthday 70 yrs. If under 1 year Months 6 Days 19 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ohio
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Dagabert Egger
14. MOTHER'S MAIDEN NAME Catherine Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Geo. Fischer-Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH 10 min

4 2.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 June, 1953, to 30 June, 1953, that I last saw the deceased alive on 28 June, 1953, and that death occurred at 7 45 a m., from the causes and on the date stated above.

SIGNATURE Boyd K. Black (Degree or title) M.D. ADDRESS Rockville RD4 Md. DATE SIGNED 6/30/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial-Transit
DATE THEREOF 6-30-53
NAME OF CEMETERY OR CREMATORY St. Josephs Cemetery
LOCATION (City, town, or county) (State) Franklin County, Ohio
DATE REC'D BY LOCAL REG. 6-30-53
REGISTRAR'S SIGNATURE Helen S. Eckenfelder per WA
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

RECEIVED
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]214

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Md.
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New York COUNTY Livingston
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dansville
STREET ADDRESS (If rural give location) 55 Leonard Street

3. NAME OF DECEASED: (Type or Print) (First) Irene (Middle) Marie (Last) Fitzpatrick

4. DATE OF DEATH: (Month) June (Day) [illegible] (Year) 19[illegible]

5. SEX: Female

6. COLOR OR RACE: [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]

8. DATE OF BIRTH: October [illegible], 1923

9. AGE last birthday: [illegible] yrs. IF UNDER 1 YEAR: Months [illegible] Days [illegible] IF UNDER 24 HRS.: Hours [illegible] Min. [illegible]

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Nurse

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Navy Nurse Corps

11. BIRTHPLACE (State or foreign country): Dansville, New York.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Fitzpatrick

14. MOTHER'S MAIDEN NAME: Cecelia Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: [illegible]

17. INFORMANT & ADDRESS: Mother: Cecelia Fitzpatrick [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

204.1
Immediate cause (a) DUE TO Leukemia, Myelogenous — Interval Between Onset And Death: 3 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Terminal Pneumonia

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May [illegible], 19[illegible], to June [illegible], 19[illegible], that I last saw the deceased alive on June [illegible], 1953, and that death occurred at 3:05 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. D. BRILL, MC, USNR, U.S.Naval Hospital, NNMC, Bethesda, Maryland. 26 June [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify) [illegible] DATE THEREOF June 27 1953 NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery LOCATION (City, town, or county) (State) Dansville, New York

DATE REC'D BY LOCAL REGISTRAR [illegible] REGISTRAR'S SIGNATURE Ellis Whittington

24. FUNERAL DIRECTOR R.A.P[illegible] Funeral [illegible] ADDRESS [illegible] Avenue, [illegible]

ECEIVED
JUN 29 1953
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

215

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington 7, COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District of Columbia
STREET ADDRESS (If rural, give location) 3821 - Davis Place N.W. Apt 1

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Girl (Last) Fowler.

4. DATE OF DEATH (Month) June (Day) 17 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH June 17, 1953
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 4 Min. 25

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Milton Fowler Jr.
14. MOTHER'S MAIDEN NAME Lois Mildred Rollins.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mother 3821 - Davis Place N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) PREMATURITY — INTERVAL BETWEEN ONSET AND DEATH 4 hrs. 25 min.

776 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/17, 1953, to 6/17, 1953, that I last saw the deceased alive on 6/17, 1953, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE James M Corcoran (Degree or title) ADDRESS 1801 - K St N.W. DATE SIGNED 6/20/53

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 6/2[illegible]/53
NAME OF CEMETERY OR CREMATORY SUBURBAN HOSPITAL
LOCATION (City, town, or county) (State) BETHESDA, MARYLAND

DATE REC'D BY LOCAL REG. 7/1/53
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Amelia Manry Carter, Supt. ADDRESS

2063201230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-1

RECEIVED
JUL 3 19
BUREAU

216

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2200 Dexter Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 2200 Dexter Ave

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): John Francis Fratantuono
4. DATE OF DEATH (Month) (Day) (Year): June 27 1953
5. SEX: Male — MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 8, 1907
9. AGE last birthday: 4047 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clums Examiner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington DC
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Anthony Fratantuono
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Army — (If yes, give war or dates of service) 1942-1946
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mrs John Fratantuono - same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4.

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary thrombosis	5 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Rheumatic heart disease	over 10 yrs
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Surgery - Mitral Valvuotomy — May 4, 1953

19a. DATE OF OPERATION: May 4, 1953
19b. MAJOR FINDINGS OF OPERATION: Rheumatic Mitral Valve Damage
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1952, to June 26, 1953, that I last saw the deceased alive on June 26, 1953, and that death occurred at 1:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John Lawrence Avery M.D. - 10110 Georgia Ave., Silver Spring, Md. June 27 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 6/30/53
NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery
LOCATION (City, town, or county) (State): Washington D.C.
DATE REC'D BY LOCAL REG.: June 2, 53
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: The S. H. Hines Co
ADDRESS: 2901-14th St. N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-3

T

RECEIVED
JUL 6 1953
BUREAU V. S.

Medical examiner notified
by phone

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE~~

CERTIFICATE OF DEATH

1217

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-6

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5215 Baltimore Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 5215 Baltimore Street

3. NAME OF DECEASED: (Type or Print) (First) FRANKLIN (Middle) C. (Last) FREEMAN

4. DATE OF DEATH: (Month) June (Day) 23, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Oct. 2, 1858

9. AGE last birthday: 94 yrs. IF UNDER 1 YEAR Months 8 Days 21 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Ret. Physician

10b. KIND OF BUSINESS OR INDUSTRY: Self Emp.

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Calvin L. Freeman

14. MOTHER'S MAIDEN NAME: Eliza Probert

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Gladys F. Carlson- Item#2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis DUE TO

(c)

Interval Between Onset And Death
(a) Instant
(b) Years

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 23, 1953, to June 23, 1953, that I last saw the deceased alive on June 21, 1953, and that death occurred at 4 A.M. from the causes and on the date stated above.

SIGNATURE Lee D Corman MD (Degree or title) 5016 Georgetown Road ADDRESS DATE SIGNED 6/23/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial Transit DATE THEREOF 6-24-53 NAME OF CEMETERY OR CREMATORY Memorial Park Cem. LOCATION (City, town, or county) (State) Chattanooga, Tenn.

DATE REC'D BY LOCAL REGISTRAR 6/24/53 REGISTRAR'S SIGNATURE Deputy Registrar 24. FUNERAL DIRECTOR Robert H. Humphrey ADDRESS Bethesda, Md.

RECEIVED
JUN 29 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 218

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg
STREET ADDRESS (If rural give location) R#2

3. NAME OF DECEASED: (Type or Print) (First) Susan (Middle) (Last) Fry
4. DATE OF DEATH: (Month) June (Day) 7 (Year) 1953

5. SEX: FEMALE Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept. 15 1901
9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lesley Ransone
14. MOTHER'S MAIDEN NAME: Amy Rock

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis — Interval Between Onset And Death: 15 mos

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Carcinoma Right Breast with
DUE TO (c) metastases — 2 yrs

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 7/1/51
19b. MAJOR FINDINGS OF OPERATION: Carcinoma Rt Breast with metastases
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) ✓ (COUNTY) ✓ (STATE) ✓
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ✓ ✓

22. I hereby certify that I attended the deceased from 6/7/ ..., 1951 to 6/8/ ..., 1953, that I last saw the deceased alive on 6/7/ ..., 1953, and that death occurred at 2 am ..., from the causes and on the date stated above.
SIGNATURE [signature] (Degree or title) MD ADDRESS Sandy Spring DATE SIGNED 6/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 10 1953
NAME OF CEMETERY OR CREMATORY Laytonsville Md
LOCATION (City, town, or county) Montg. Co. (State) Md
DATE REC'D BY LOCAL REGISTRAR 6-9-53
REGISTRAR'S SIGNATURE Gertrude B. Lawler
24. FUNERAL DIRECTOR Roy W Barber ADDRESS Laytonsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

219

Reg. Dist. No. 216

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; STREET ADDRESS (If rural, give location) 123 Geneva Ave.

3. NAME OF DECEASED (Type or Print): (First) ERNEST (Middle) C (Last) GARNETT

4. DATE OF DEATH: (Month) June (Day) 7 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Jan 20 1908

9. AGE last birthday: 45 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER.

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): CAROLINE Co VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES GARNETT.

14. MOTHER'S MAIDEN NAME: HADDIE — UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: 214-03-9221

17. INFORMANT AND ADDRESS: HADDIE G. Mc NALLEY (Mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: ½ hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank J. Brochat M.D. Gaithersburg Md 6-9-53

23. BURIAL ☒ CREMATION ☐ REMOVAL (Specify) | DATE THEREOF 6/12/53 | NAME OF CEMETERY OR CREMATORY Church Cemetery | LOCATION (City, town, or county) (State) Sandy Spring, Md

DATE REC'D BY LOCAL REG. 6/12/53 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR R.L. Snowden ADDRESS Rockville, Md.

RECEIVED
JUN 15
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1220)

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Colesville
LENGTH OF STAY (in this place) 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jolliffe Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont.
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 1615 North Springwood Drive

3. NAME OF DECEASED: (Type or Print) (First) RUTH (Middle) I (Last) GREENE

4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): separated
8. DATE OF BIRTH: Sept. 5, 1878
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country) Saginaw, Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Irvine
14. MOTHER'S MAIDEN NAME: Elizabeth ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Roger D. Greene, 1615 N. Springwood Dr. S.S. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4201

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 1 min.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Generalized arteriosclerosis — Years

DUE TO (c) —

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-8, 1953 to 6-16, 1953 that I last saw the deceased alive on 6-15, 1953 and that death occurred at 6 05 pm from the causes and on the date stated above.

SIGNATURE John S. Rogers M.D. (Degree or title) ADDRESS 1009 Seminary Rd. Silver Spring Md. DATE SIGNED 6-16-53

23. BURIAL, CREMATION, REMOVAL, (Specify) Cremation
DATE THEREOF June 18, 1953
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory
LOCATION (City, town, or county) Prince George County (State) Md.
DATE REC'D BY LOCAL REGISTRAR 6-8-53
REGISTRAR'S SIGNATURE [illegible] Potter
24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St NW Takoma Park, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
JUN 19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 221

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural — LENGTH OF STAY (in this place) 1 Month 10 days	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital	STREET ADDRESS (If rural give location) #3 Fathom Green S.W.

3. NAME OF DECEASED: (Type or Print) (First) Christine (Middle) (None) (Last) Hampers

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 21 1949

9. AGE last birthday: 4 yrs. — IF UNDER 1 YEAR: Months 1, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Key West, Florida

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George N. Hampers

14. MOTHER'S MAIDEN NAME: Clara Grace O'Brian

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No:

17. INFORMANT & ADDRESS: Father: George N. Hampers Same as #2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Circulatory Collapse — Interval Between Onset And Death 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) [illegible] — [illegible]

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes XX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 24, 1953, to June 4, 1953, that I last saw the deceased alive on June 4, 1953, and that death occurred at 2:40 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) P. G. HOVEMAN, LT. MC USN, ADDRESS U.S.Naval Hospital, NNMC, Bethesda, Maryland. DATE SIGNED June 5 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Removal-Burial — DATE THEREOF June 5 1953 — NAME OF CEMETERY OR CREMATORY St. Marys Cemetery — LOCATION (City, town, or county) (State) Homestead Pennsylvania

DATE REC'D BY LOCAL REGISTRAR June 5 1953 — REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR R. A. Pumphrey Funeral Home, ADDRESS 7557 Wisconsin Avenue, Bethesda, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 9 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 222

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KENSINGTON MD
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTG.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) KENSINGTON 3639 ELROD RD ROCK CREEK HILLS

3. NAME OF DECEASED: (First) MALINDA (Middle) K (Last) HEARST
4. DATE OF DEATH: (Month) June (Day) 25 (Year) 19 53
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: AUG. 10 1888
9. AGE Last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOME
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): LURAY VA
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: GILBERT M ZIRKLE
14. MOTHER'S MAIDEN NAME: NELLIE A. WALKER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: -
17. INFORMANT & ADDRESS: M.T. ZIRKLE 510 E STNE WASH'E

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
17CX
Immediate cause (a) Heart Failure, Acidosis — Interval Between Onset And Death: Several hrs.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Cachexia, paralysis partial (rt.) — 3 mons.
DUE TO
(c) Carcinomatosis (gen.), Cancer breast (lt.) — 3½ yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Sept 1950
19b. MAJOR FINDINGS OF OPERATION: Grade II Secretory Malignancy, involving axillary Glands
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1953, to date, 19..., that I last saw the deceased alive on 24 June 1953, and that death occurred at 9 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wm H. Beard M.D. 2814 Conn. Ave. Wash. D.C. 25 June 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-27-53
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cem.
LOCATION (City, town, or county) (State) Pr. Geo. Co., Md.
DATE REC'D BY LOCAL REGISTRAR 6/26/53
REGISTRAR'S SIGNATURE Bessie M. Hinkson
24. FUNERAL DIRECTOR William J. Gerbal
ADDRESS 514 E. St.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 29 1953
BUREAU V. S.

223

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6305 Florida Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 6305 Florida Street

3. NAME OF DECEASED (Type or Print) (First) CORNELIA (Middle) A. (Last) HERSCHEL

4. DATE OF DEATH (Month) June (Day) 28, (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH June 26,
9. AGE last birthday 69 yrs. If under 1 year Months 0 Days 6 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Switzerland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS K.W.Herschel- 122 S.68th. East Ave Tulsa, Oklahoma

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead on bed

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ☒, Inquiry ☒, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide , homicide , undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 6-28-53

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 7-2-53
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland, Md. (State)

DATE REC'D BY LOCAL REG. 7/1/53
REGISTRAR'S SIGNATURE Bessie M. [illegible]
24. FUNERAL DIRECTOR Robert W. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
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BUREAU

224

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9810 Brunett Avenue	STREET ADDRESS (If rural, give location) 9810 Brunett Avenue

3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) Edward	(Last) Hewitt	4. DATE OF DEATH	(Month) June	(Day) 21	(Year) 1953
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 3/28/20	9. AGE last birthday 33 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate - co-owner: Hewitt Real Estate Co.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Frank L. Hewitt		14. MOTHER'S MAIDEN NAME Nellie A. Proctor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW #2	16. SOCIAL SECURITY NO. 578-12-0782	17. INFORMANT AND ADDRESS Mrs. Frances F. Hewitt, 9810 Brunett Ave. Silver Spring, Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Failure	4 days
421.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Endocarditis	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan., 1946, to June 21, 1953, that I last saw the deceased alive on June 21, 1953, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W B Wardrop M.D		832 Bonifant St Silver Spring	June 22, 1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 6/24/53	NAME OF CEMETERY OR CREMATORY Arlington National Cemetery	LOCATION (City, town, or county) (State) Arlington County, Va.
DATE REC'D BY LOCAL REG. [illegible]	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR Warren E. Tumparey	ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 25 19
BUREAU V

225

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN below Great Falls
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.# 3 Bethesda Rural- Potomac

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Potomac
STREET ADDRESS (If rural, give location) R.F.D.# 3 Bethesda,

3. NAME OF DECEASED (Type or Print) (First) LEROY (Middle) K. (Last) HILL
4. DATE OF DEATH (Month) (Day) (Year) June 11, 1953 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug. 6, 1913
9. AGE last birthday 39 yrs. If under 1 year Months 10 Days 5 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY U.S.Gov't.
11. BIRTHPLACE (State or foreign country) Croppley, Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Clarence Hill
14. MOTHER'S MAIDEN NAME Rosie Beall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Rosie Hill- Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

850.8

Immediate cause (a) Asphyxia by drowning — INTERVAL BETWEEN ONSET AND DEATH: sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Potomac R.
(CITY OR TOWN) below Great Falls (COUNTY) Monty (STATE) md
TIME OF INJURY (Month) (Day) (Year) (Hour) 6-11-53 - 5:40 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Boat upset while going swimming

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg, Md DATE SIGNED 6-13-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-15-53
NAME OF CEMETERY OR CREMATORY Potomac Church Cemetery
LOCATION (City, town, or county) Potomac, Maryland (State)
DATE REC'D BY LOCAL REG. 6/16/53
REGISTRAR'S SIGNATURE Bessie M. [illegible]
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
JUN 18 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
STREET ADDRESS (If rural, give location) Route # 2

3. NAME OF DECEASED (Type or Print) (First) BABY (Middle) GIRL (Last) HOKE
4. DATE OF DEATH (Month) JUNE (Day) 20 (Year) 1953
5. SEX FEMALE
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) —
8. DATE OF BIRTH JUNE 20, 1953
9. AGE last birthday — yrs. If under 1 year Months Days If under 24 hrs. Hours Min. 55
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) —
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JULIUS UNVERZAGT HOKE
14. MOTHER'S MAIDEN NAME MARY JAQUELYN RUSEN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS FATHER AS ABOVE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity (24-27 weeks) — INTERVAL BETWEEN ONSET AND DEATH 55 min

776x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20, 1953, to June 20, 1953, that I last saw the deceased alive on 8 20 P.M., 1953, and that death occurred at 9 15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] ADDRESS 8016 [illegible] DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 6-23-53
NAME OF CEMETERY OR CREMATORY SUBURBAN HOSPITAL
LOCATION (City, town, or county) BETHESDA (State) MD

DATE REC'D BY LOCAL REG. 6/24/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR [illegible] Carter Supt per ASB ADDRESS

2063313261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUN 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 227

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda rural

LENGTH OF STAY (in this place): 10 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE District Columbia COUNTY [illegible]

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington

STREET ADDRESS (If rural give location): 4608 Easy Place S.E.,

3. NAME OF DECEASED: (Type or Print) (First) Frederick (Middle) (None) (Last) Howard

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: August 12, 1879

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months 10 Days 7 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Storekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Brooklyn, New York

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Albert Howard

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Daughter: Violet Lint Same as #2 Above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Arteriosclerotic cardio-vascular disease — Interval Between Onset And Death: 5 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic bronchitis with Emphysema — 5 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, 19 53, to June 19, 19 53, that I last saw the deceased alive on June 19, 1953, and that death occurred at 4:50 AM, from the causes and on the date stated above.

SIGNATURE J. J. Dempsey (Degree or title) ADDRESS DATE SIGNED

J. J. DEMPSEY, LT MC USN, U.S. Naval Hospital, NNMC, Bethesda, Maryland. June 19 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: June 22 1953

NAME OF CEMETERY OR CREMATORY: MT. Olivet Cemetery

LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR: June 19 1953

REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR ADDRESS: Chambers Funeral Home, 517 11th. Street, S.E., Washington, D.C.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 24 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 228

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 5 yrs. 5 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 207 Hudson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 207 Hudson Ave.

3. NAME OF DECEASED: (Type or Print) (First) Mrs. (Middle) Lena Eliza (Last) Hughes

4. DATE OF DEATH: (Month) June (Day) 14 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 13 1871

9. AGE last birthday: 82 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George C. Sycamore

14. MOTHER'S MAIDEN NAME: Mary Virginia Pulliam

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Dr. Chas. K. Hughes, Silver Spring, Md. 1216 Woodside Pkwy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0

Immediate cause (a) Cerebral hemorrhage, left — Interval Between Onset and Death: 7 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hypertensive arteriosclerotic heart disease — Years

DUE TO

(c) Generalized arteriosclerosis — Years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Semi-invalid by recurrent strokes — 13 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 7, 19 53, to June 14, 19 53, that I last saw the deceased alive on June 13, 19 53, and that death occurred at 2:41 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Walter R. Mock M.D. 7701 Carroll Ave. Takoma Pk., Md. 6-14-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 6-16-53

NAME OF CEMETERY OR CREMATORY Berryville Va

LOCATION (City, town, or county) (State) Berryville Va

DATE REC'D BY LOCAL REG. JUN 16 1953

REGISTRAR'S SIGNATURE J. Hilton Dodd

24. FUNERAL DIRECTOR Neal Funeral Home 48 R St. N.W. Washington DC

ADDRESS

VS. A15 8-53

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 . . 229

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 1mo. 16da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) Burnt Mills

3. NAME OF DECEASED: (Type or Print) (First) Viola (Middle) (Last) Hyson
4. DATE OF DEATH: (Month) June (Day) 28 (Year) 1953
5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: May 27, 1886
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mont. Co., Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Steven Warner
14. MOTHER'S MAIDEN NAME: Emma Smith
15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Rosetta Wark (daughter)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Arterio sclerotic Gangrene of Feet — Interval Between Onset And Death: 2 months.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Diabetes mellitus — UNKNOWN.
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/12, 1953, to 6/28, 1953, that I last saw the deceased alive on 6/27, 1953 and that death occurred at 11:03 A.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) DeWitt E. DeFaubs, M.D.
ADDRESS 8025 ABERDEEN Rd. Bethesda, Md.
DATE SIGNED 6/29/53

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 7/1/53
NAME OF CEMETERY OR CREMATORY Good Hope
LOCATION (City, town, or county) Colesville, Montg. (State) Md
DATE REC'D BY LOCAL REGISTRAR 7/1/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR R. L. Snowden, Rockville, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ... 230

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stewartstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gaithersburg, R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stewartstown
STREET ADDRESS (If rural give location) Gaithersburg, R.F.D.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) O. (Last) Ivory

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 16 1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Month Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Barnesville, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Onley
14. MOTHER'S MAIDEN NAME: Mary Hill

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: George Owens, Gaithersburg, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Paralysis
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hemorrhage of Brain
DUE TO

(c) Arteriosclerosis

Interval Between Onset And Death

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1953 to Jun 23, 1953, that I last saw the deceased alive on June 23, 1953, and that death occurred at 3:40 A, from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS Gaithersburg DATE SIGNED June 26, 1953

23. BURIAL CREMATION REMOVAL (Specify) DATE THEREOF 6/28/53 NAME OF CEMETERY OR CREMATORY Mt. Zion LOCATION (City, town, or county) (State) Barnesville, Montg. Md

DATE REC'D BY LOCAL REGISTRAR June 27, 1953 REGISTRAR'S SIGNATURE Wanda G. Coode
24. FUNERAL DIRECTOR R. L. Snowden, Rockville, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 231

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Seneca. LENGTH OF STAY (In this place) 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Germantown, R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sugarland
STREET ADDRESS (If rural give location) Poolesville, R.F.D.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) M. (Last) Jackson

4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept. 8, 1894
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION, Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Samuel Beander
14. MOTHER'S MAIDEN NAME: Hattie Beckwith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Lloyd McElroy. Rockville, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

447X

Immediate cause (a) Hemiplegia
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension & arteriosclerosis
DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2, 1953, to June 20, 1953, that I last saw the deceased alive on June 20, 1953, and that death occurred at 7 PM P., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS Gaithersburg DATE SIGNED June 23/53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF 6/25/53
NAME OF CEMETERY OR CREMATORY Sugarland
LOCATION (City, town, or county) (State) Sugarland, Md

DATE REC'D BY LOCAL REGISTRAR 6/26/53
REGISTRAR'S SIGNATURE Helen S. Eckengelder
24. FUNERAL DIRECTOR Robert L. Snowden. ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
JUN 26 1953
BUREAU OF V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

232

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 219 Frederick Ave Lincoln Park

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 219 Frederick Ave Lincoln Park

3. NAME OF DECEASED (Type or Print) (First) Smith (Middle) Russell (Last) Jackson
4. DATE OF DEATH (Month) 6 (Day) 14 (Year) 1953
5. SEX male
6. COLOR OR RACE col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 28, 1907
9. AGE last birthday 46 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Auto mechanic
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Henry Jackson
14. MOTHER'S MAIDEN NAME Barbara Clifton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Sarah L. Jackson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Brosehart (Degree or title) MD ADDRESS Gaithersburg Md DATE SIGNED 6-14-53

23. BURIAL CREMATION REMOVAL (Specify) DATE THEREOF 6/17/53 NAME OF CEMETERY OR CREMATORY Fisher MA N, Lincoln PARK LOCATION (City, town, or county) Rockville (State) Md.

DATE REC'D BY LOCAL REG. 6-17-53 REGISTRAR'S SIGNATURE Helen S. Eckenfelder per LA
24. FUNERAL DIRECTOR R. L. Snowden, ADDRESS Rockville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE, 18~~ 233

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A6 T

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Waverley Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural give location): 107 East Lenox Street

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Haller (Last) JAKLON

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 10/24/1869

9. AGE last birthday: 83 yrs. — IF UNDER 1 YEAR: Months 7 Days 2 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Haller

14. MOTHER'S MAIDEN NAME: Elizabeth Pfund

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: John E. McLaughlin-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

155X

Immediate cause (a) Chronic myocardial insufficiency — 2 wks.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerosis — 3 years

DUE TO (c) Vomiting & inability to retain food. — 5 weeks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Complete blockage of the common duct. Drainage

19a. DATE OF OPERATION: May 13-1953

19b. MAJOR FINDINGS OF OPERATION Extensive malignancy of gallbladder

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-25-, 1953, to June 26, 1953, that I last saw the deceased alive on June 25 1953, and that death occurred at 7.30 P.M., from the causes and on the date stated above.

SIGNATURE Wheeler B. Huff — (Degree or title) M.D. — ADDRESS 4529 maple Ave., Bethesda, Md. — DATE SIGNED June 27-1953.

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation — **DATE THEREOF** 6-30-53 — **NAME OF CEMETERY OR CREMATORY** Cedar Hill — **LOCATION** (City, town, or county) Suitland, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 6/29/53 — **REGISTRAR'S SIGNATURE** [illegible]

24. FUNERAL DIRECTOR Robert M. Humphrey — **ADDRESS** Bethesda, Md.

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BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

234

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 5 mo. 26 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7420 Maple Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) Stoneleigh Court, Conn. & L, N.W.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Emily Elizabeth Johnson
4. DATE OF DEATH: (Month) (Day) (Year) June 11, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 29 1881
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Howard N. Johnson
14. MOTHER'S MAIDEN NAME: Mary N. Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: 7420 Maple Ave. Nursing Home Records, Takoma Pk., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

152X

Immediate cause (a) Carcinoma of the ascending
~~DUE TO~~
Antecedent cause(s) (b) Colon with metastasis to liver — 6 mo. +
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Secondary Anemia, Severe — 3½ mo.

19a. DATE OF OPERATION: Dec. 3, 1952
19b. MAJOR FINDINGS OF OPERATION: Inoperable carcinoma of ascending colon
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-16, 1953, to June 11, 1953, that I last saw the deceased alive on June 11, 1953, and that death occurred at 9 P.m., from the causes and on the date stated above.

SIGNATURE Wallace N. Mook, M.D. (DEGREE OR TITLE) ADDRESS 7701 Carroll Ave. Takoma Pk. Md. DATE SIGNED 6-11-53

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 6/15/53 NAME OF CEMETERY OR CREMATORY Elmwood LOCATION (City, town, or county) (State) NORFOLK, VIRGINIA

DATE REC'D BY LOCAL REG. June 12 1953 REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Jas Gawlers ADDRESS 1756 Pa. Ave NW WASH. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A10 8-51

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RECEIVED
JUN 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6575

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dickerson
LENGTH OF STAY (in this place) 76 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dickerson.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) B (Last) Jones
4. DATE OF DEATH: (Month) 6 (Day) 18 (Year) 1953
5. SEX: Female Female
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Oct-6-1876
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Charles Brosius
14. MOTHER'S MAIDEN NAME: Laura Trundle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mr Bernard Jones, Dickerson, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 1 hr

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arterio Sclerosis — 5 yrs

DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1952, to June 18, 1953, that I last saw the deceased alive on June 18, 1953, and that death occurred at 11.30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) E. O. Thomas M.D. ADDRESS Mdeuck Md. DATE SIGNED June 19-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/20/53
NAME OF CEMETERY OR CREMATORY St. Marys
LOCATION (City, town, or county) (State) Barnesville Md
DATE REC'D BY LOCAL REGISTRAR June 19 1953
REGISTRAR'S SIGNATURE Charles W. [illegible]
24. FUNERAL DIRECTOR William B. Hilton ADDRESS Barnesville, Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUN 23 1953
BUREAU V -

235

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring Md. LENGTH OF STAY (in this place) 16 days.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maple Lane Sanitarium	STREET ADDRESS (If rural give location) 9800 - Georgia Ave.

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) (Last) JONES			4. DATE OF DEATH (Month) JUNE (Day) 6 (Year) 1953		
5. SEX M.	6. COLOR OR RACE White	7. SINGLE, MARRIED, X WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 5-24-87	9. AGE last birthday 75 yrs.	If under 1 year Months 12 Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Irish Driver	10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Jones			14. MOTHER'S MAIDEN NAME Susie Landori		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT Fred Jones		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) CORONARY THROMBOSIS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CHRONIC MYOCARDITIS

(c) CHRONIC PROSTATITIS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SENILITY

19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 20, 1953, to JUNE 6, 1953, that I last saw the deceased alive on JUNE 6, 1953, and that death occurred at 10:20 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Henry M. Lowdon	M.D.	1603 19th St. N.W. Washington, D.C.	6/6/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF 6/10/53	NAME OF CEMETERY OR CREMATORY Congressional	LOCATION (City, town, or county) Flash D.C. (State)
DATE REC'D BY LOCAL REG. 6/5/53	REGISTRAR'S SIGNATURE Frances Potter	24. FUNERAL DIRECTOR W. W. Chambers Co.	ADDRESS 517-11th St. N.W. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 10 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]236

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE; COUNTY Mont.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver [illegible]; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lance (Middle) Randolph (Last) Keating

4. DATE OF DEATH: (Month) (Day) (Year) 6 - 10 - 1953

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-9-53

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months; Days; IF UNDER 24 HRS: Hours 32; Min. 25

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wash. San. & Hospital

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Mr. Lloyd Albert Keating

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Boyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mother's records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.5

Immediate cause (a) Cardiorespiratory arrest

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Immature Premature

DUE TO

(c) Premature Separation of Placenta & Caesarean Section

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 June, 1953, to 10 June, 1953, that I last saw the deceased alive on 10 June, 1953, and that death occurred at 12 35 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Vincent D. O'Donnell MD. 6021 Bradley Blvd CC Md. 10 June 53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or County) (State)

Burial 6/15/53 Mount Olivet Cem. Arlington Va

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE

June 30-1953 [illegible]

24. FUNERAL DIRECTOR ADDRESS

Martin W Hyanglo 1300 Nat. NW Washington DC

20633 2 230 V

VS. A15

RECEIVED
JUN 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C237

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

1. PLACE OF DEATH:
COUNTY Monigomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bainesda
LENGTH OF STAY (in this place) 15da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 9523 old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mollie (Middle) (Last) Kenna.

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: July 30-1881

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months 10 Days 17 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Ohio.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Harvey McLaughlin

14. MOTHER'S MAIDEN NAME: Elizabeth Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS 9014 Lindale Dr Daughter Mrs Betty Scott-Bethesda Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

32/X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 17 Days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertension — 3+ years

DUE TO

(c) Arteriosclerosis — 3+ years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, 1953, to June 17, 1953, that I last saw the deceased alive on June 17, 1953, and that death occurred at 2.05 P.M. from the causes and on the date stated above.

SIGNATURE John C. Humphrey M.D. (Degree or title) ADDRESS 1801 Eye St. N.W. Wash D.C. DATE SIGNED June 17, 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — **DATE THEREOF** 6/20/1953 — **NAME OF CEMETERY OR CREMATORY** Parklawn — **LOCATION** (City, town, or county) Montgomery (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 6/18/53 — **REGISTRAR'S SIGNATURE**

24. FUNERAL DIRECTOR Roberts A. Pumphrey — ADDRESS Bethesda, Md.

CEIVED
JUN 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 238

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Beaufort
STATE South Carolina COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Port Royal
STREET ADDRESS (If rural give location) Box 125

3. NAME OF DECEASED: (Type or Print) (First) Louise (Middle) Ruth (Last) Kinne

4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: February 6 1952
9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR Months 3 Days 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Jacksonville, North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Walter H. Kinne
14. MOTHER'S MAIDEN NAME: Christa Haertel

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: FATHER: Walter H Kinne: Same as #2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 752 X
(a) Hydrocephalus, congenital
DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

Interval Between Onset And Death 15 months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6-2-53
19b. MAJOR FINDINGS OF OPERATION Ventricular estimation - extreme hydrocephalus.
20. AUTOPSY? Yes XX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 31, 1953, to June 3, 1953, that I last saw the deceased alive on June 3, 1953, and that death occurred at 4:20 PM, from the causes and on the date stated above.

SIGNATURE E. P. Mellen (Degree or title) E. P. MELLEN LCDR MC USN, ADDRESS U.S. Naval Hospital, NNMC, Bethesda, Maryland. DATE SIGNED 4 June 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 5 1953
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia.
DATE REC'D BY LOCAL REGISTRAR June 4 1953
REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR R. A. Pumphrey Funeral Home, ADDRESS 7557 Wisconsin Avenue, Bethesda, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 8 1953

06239

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 4222 Southern Avenue S.E.

3. NAME OF DECEASED: (Type or Print) (First) Virginia (Middle) May (Last) Krohta
4. DATE OF DEATH: (Month) June (Day) 7 (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 15 1921
9. AGE last birthday: 31 yrs. IF UNDER 1 YEAR Months 11 Days 22 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Litchfield, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ernest Jones
14. MOTHER'S MAIDEN NAME: Lena Herbert

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Husband: John Krohta : Same as #2 above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170x

Immediate cause (a) Compression Atelectasis Bilat. — Interval Between Onset And Death: 3 days.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Pleural Effusion — 3 mos.

DUE TO

(c) Metastatic Carcinoma, Rt. Breast — 2 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 19 53, to June 7, 19 53, that I last saw the deceased alive on June 7, 19 53, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. L. [illegible], CDR., MC, USN., ADDRESS U.S.Naval Hospital, NNMC, Bethesda, Maryland. DATE SIGNED June 8 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Removal-Burial
DATE THEREOF June 8 1953
NAME OF CEMETERY OR CREMATORY Crab Tree Cemetery
LOCATION (City, town, or county) (State) Litchfield, Illinois

DATE REC'D BY LOCAL REGISTRAR June 8 1953
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR R. A. PUMPHREY FUNERAL HOME, ADDRESS 7557 Wisconsin Avenue, Bethesda, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JUN 10 1953
BUREAU V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A13

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

240

Reg. Dist. No. 213

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville MD.
LENGTH OF STAY in this place Three Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville MD.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Blanch (Middle) Baxter (Last) Lawson

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June. 15 1900

9. AGE last birthday: 52 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic Own

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): VA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas F. Brooks

14. MOTHER'S MAIDEN NAME: Julia Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY No.: 226-10-3251

17. INFORMANT AND ADDRESS: John W. Lawson Rockville, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) GENERALIZED CARCINOMATOSIS — Interval Between Onset and Death: 6 MOS.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 May, 1953, to 1 June, 1953, that I last saw the deceased alive on 31 May, 1953, and that death occurred at 7:35 Pm., from the causes and on the date stated above.

SIGNATURE: W. G. Hall M.D. (Degree or title) ADDRESS: Rockville, Md DATE SIGNED: 6/2/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: June 3 1953 | NAME OF CEMETERY OR CREMATORY: Mt Olivet Frederick MD. | LOCATION (City, town, or county) (State): Frederick, CO MD.

DATE REC'D BY LOCAL REG. 6-3-53 | REGISTRAR'S SIGNATURE: Helen S. Echenfelder | 24. FUNERAL DIRECTOR ADDRESS: Roy W Barker Taylorsville Md.

revised

JUN 4
BUREAU

Items 8,9 FilmG156 7/27/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH ~~[illegible]~~ 241

CERTIFICATE OF DEATH

Reg. Dist. No. ~~216~~ 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ~~XXXXXXX~~ Rockville — LENGTH OF STAY (In this place)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ~~XXXXXXX~~ Rockville
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4413 Bayne Street	STREET ADDRESS (If rural give location) 4413 Bayne Street

3. NAME OF DECEASED: (Type or Print) (First) TIMOTHY (Middle) F. (Last) LEE

4. DATE OF DEATH: (Month) June (Day) 1, (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	11-17-~~53~~ 1886	~~67~~ 66 yrs.	6	14		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Ret. PEP Co.	Elect. Power Co.	Scotland	US

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Lee	Julia Noone

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		yes-unknown	Mrs Margaret M. Lee- Item # 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Hypertensive Arteriosclerosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral Hemorrhage DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1, 1953, to 6-1, 1953, that I last saw the deceased alive on 6-1, 1953 and that death occurred at 10:45 pm, from the causes and on the date stated above.

SIGNATURE W. Doyen (Degree or title) ADDRESS Bethesda, Md DATE SIGNED 6-2-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-4-53	Parklawn	Montgomery County, Md.

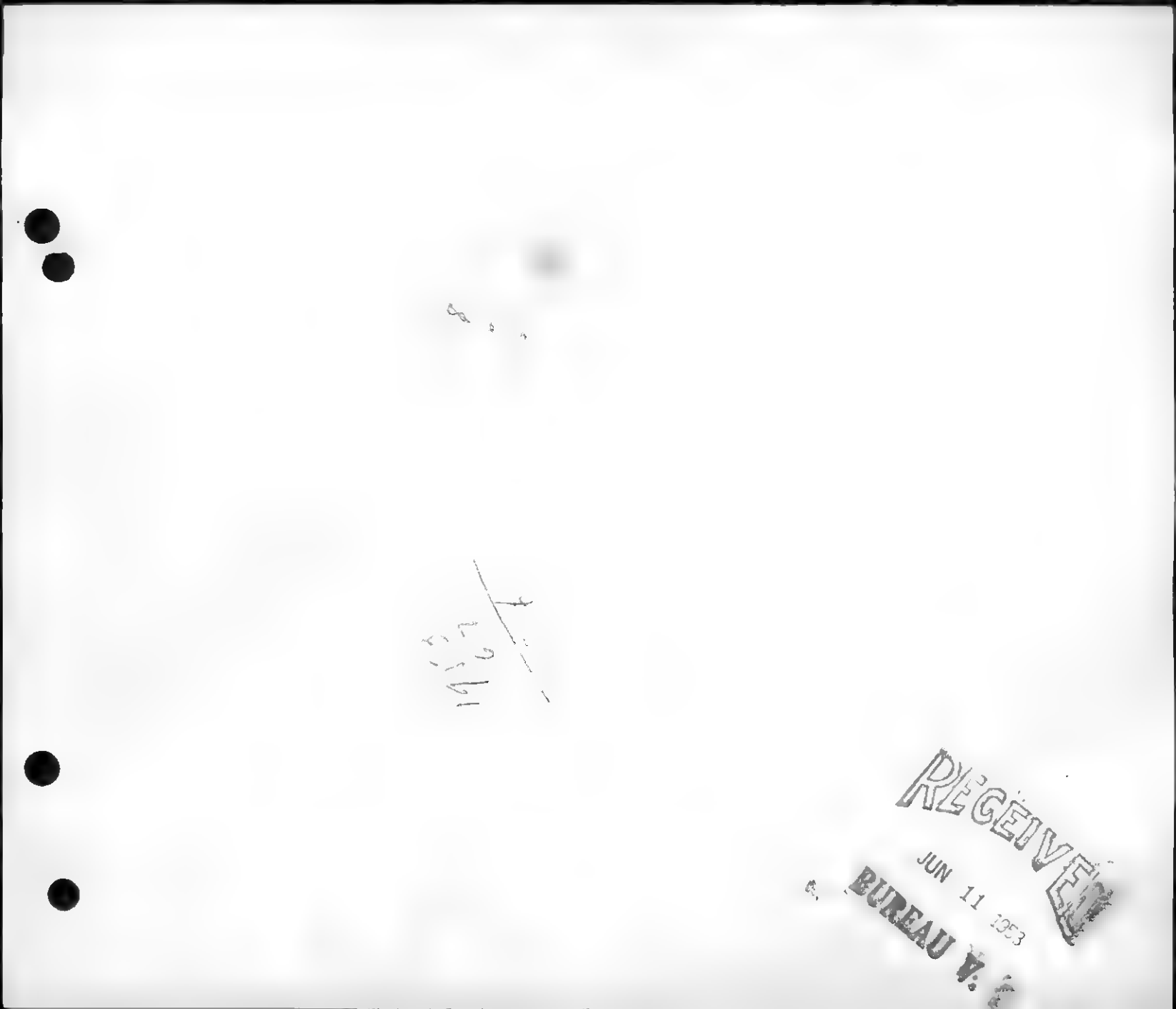
DATE REC'D BY LOCAL REGISTRAR 6-10-53 ~~6/4/53~~ REGISTRAR'S SIGNATURE ~~[illegible]~~ 24. FUNERAL DIRECTOR Robert W. Humphrey ADDRESS Bethesda, Md.

Helen S. Eckenfelder per LVA.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1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BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11242

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) # 11 Primrose Street

3. NAME OF DECEASED: (Type or Print) (First) ABNER (Middle) Y. (Last) LEECH, Jr.

4. DATE OF DEATH: (Month) (Day) (Year) June 27, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: 4-20-1875

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months 2 Days 7 IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Treasurer

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Ordnence Co.

11 BIRTHPLACE (State or foreign country): Wash. DC

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Abner Young Leech

14. MOTHER'S MAIDEN NAME: Irene Fleury

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Eleanor Leech #11 Primrose St. Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

32 x X

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 4 mos

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia — 2 weeks

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jul 4 21, 1945, to June 27, 1953, that I last saw the deceased alive on June 26, 1953, and that death occurred at 8:20 A.M. 6/27/53 from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas J. Kennelly, M.D. — ADDRESS 1634 Eye St. N.W. Wash, D.C. — DATE SIGNED June 27, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6-29-1953 — NAME OF CEMETERY OR CREMATORY Glenwood Cemetery — LOCATION (City, town, or county) (State) Wash. DC

DATE REC'D BY LOCAL REGISTRAR 6/29/53 — REGISTRAR'S SIGNATURE Resident Dir

24. FUNERAL DIRECTOR Jos. Gawler's Sons — ADDRESS 1756 Pa. Ave. N.W. Washington, D. C.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 4118 Military Rd.

3. NAME OF DECEASED: (Type or Print) (First) Verna (Middle) D (Last) Linzel
4. DATE OF DEATH: (Month) June (Day) 2 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed Feb. 4th 1890
8. DATE OF BIRTH:
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Executive Director
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York City NY
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: August W. Diecks
14. MOTHER'S MAIDEN NAME: Mary Bresch

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Margaret D. Linzel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

560.4

Immediate cause (a) massive pulmonary infarction

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Atrial thrombus, right, post operative

DUE TO

(c)

Interval Between Onset And Death: about 1 week

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5/20/53 5/28/53
19b. MAJOR FINDINGS OF OPERATION (1) DIAPHRAGMATIC HERNIA (2) gastric obstruction (3) Wound evisceration
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/15, 1953, to 6/1, 1953, that I last saw the deceased alive on 6/1, 1953, and that death occurred at 6:56 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter Atkinson M.D.
ADDRESS 1835 Eye
DATE SIGNED 6/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 4-1953
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington (State) Va
DATE REC'D BY LOCAL REGISTRAR 6/2/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Chevy Chase Funeral Home
ADDRESS 5101 Wis Ave NW. D.C.

+0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 243

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 7606 15th Avenue

3. NAME OF DECEASED: (Type or Print) (First) Newman (Middle) Graham (Last) Little

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Cauc.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH: 10-16 76
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Retail Merchant
11 BIRTHPLACE (State or foreign country): Conn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Little
14. MOTHER'S MAIDEN NAME: Martha Malinda ~~Mathilda~~ Graham

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Washington Sanitarium & Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
422.1
Immediate cause (a) Cardiovascular accident
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Initial cardiovascular accident
DUE TO (c) Arteriosclerosis generalized

Interval Between Onset And Death: 5 days. 45 days.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1953, to June 19, 1953, that I last saw the deceased alive on June 19, 1953, and that death occurred at 5 pm, from the causes and on the date stated above.

SIGNATURE Ernest A. Sarao (Degree or title) M.D. ADDRESS Takoma Park Md 7006 New Hampshire Ave DATE SIGNED 6/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-22-53
NAME OF CEMETERY OR CREMATORY Rockville Union
LOCATION (City, town, or county) (State) Rockville, Maryland

DATE REC'D BY LOCAL REGISTRAR June 20-1953
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Robert A. Pumphrey
ADDRESS Bethesda, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

RECEIVED
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 807 Davis Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
STREET ADDRESS (If rural, give location): 807 Davis Avenue

3. NAME OF DECEASED (Type or Print): (First) ELSIE (Middle) NORINA (Last) LOVEDAY

4. DATE OF DEATH: (Month) June (Day) 29, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 2/16/80

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days. If under 24 hours: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas F. West

14. MOTHER'S MAIDEN NAME: Sarah Bassford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mr. Harry Loveday, 807 Davis Ave., Takoma Park, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	½ hr.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. IF EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH, PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Bouchart	M.D	Gaithersburg Md	6-29-53

BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/3/53	Arlington National Cemetery	Arlington, Virginia

DATE FILED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 2 1953	[illegible]	Warner E. Pumphrey	8434 Georgia Avenue, Silver Spring, Md.

MARGIN RESERVED FOR BINDING

TYPEWRITER PREFERABLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

245

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY: MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SILVER SPRING
LENGTH OF STAY (In this place): 2 1/2 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10309 BROOKMOOR DR.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SILVER SPRING
STREET ADDRESS (If rural, give location): 10309 BROOKMOOR DR.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHANNA	J.	LYNCH	JUNE	21	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	WIDOWED	3/17/58	95 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		IRELAND	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
THOMAS DUNN	ELLEN HARTNEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	—	MRS. JOHN E. MADDEN (DAUGHTER) 10309 BROOKMOOR DR SILVER SPRING, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0

Immediate cause (a) Generalized Arteriosclerosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 15, 1953, to June 21, 1953, that I last saw the deceased alive on June 15, 1953, and that death occurred at 7:40 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 24 53	Mt Olivet Cemetery	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 22, 1953		Francis J. Collins	3821-14th St. N.W. Wash. D.C.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 246

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 2 days 8½ hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 1000 Belvedere Blvd

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Initial only) A. (Last) Mac Callum — SOMETIMES SPELLED McCallum
4. DATE OF DEATH: (Month) June (Day) 12 (Year) 1953
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH: 1-6-80
9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Blacksmith (retired)
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Scotland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Donald Mac Callum
14. MOTHER'S MAIDEN NAME: Janet McKinnon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 501-28-7141A
17. INFORMANT & ADDRESS: Old record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
4210 Immediate cause	(a) Adams-Stokes Syndrome	2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Heart block	5 years
	DUE TO (c) Arteriosclerotic heart disease	5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 27, 1953, to June 12, 1953, that I last saw the deceased alive on June 13, 1953, and that death occurred at 8:30 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Vance J. Maloney Jr. M.D. — ADDRESS Takoma Park Md — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Trans. & Burial — DATE THEREOF 6/13/53 — NAME OF CEMETERY OR CREMATORY Calvin Cemetery — LOCATION (City, town, or county) (State) Cavalier County, North Dakota

DATE REC'D BY LOCAL REGISTRAR June 16 1953 — REGISTRAR'S SIGNATURE J. Milton Dodd

24. FUNERAL DIRECTOR Warner C. Pumphrey — ADDRESS 8434 Georgia Ave. Silver Spring, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

217

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montg — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney
LENGTH OF STAY (in this place): 10N.1
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Montg.County General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg
STREET ADDRESS (If rural, give location): 7. Walker Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Joseph	Madine	6-	1	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Oct 21-1912	40 yrs.	7	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Glass Blower	Making Glass Tubes	NewArk, N. J.	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Joseph Madine Sr	Hilda Redding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Christine Madine, Gaithersburg, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
32d. Immediate cause (a) Acute Alcoholism	about 1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cirrhosis of Liver	Uncertain
(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 1, 1953, to June 1, 1953, that I last saw the deceased alive on June 1, 1953, and that death occurred at 1:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Jack Schumacher M.D. — ADDRESS: Gaithersburg, Md. — DATE SIGNED: June 1, 53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-4-53	St Rose	Clopper. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
June 2/1953	Reginald L Cook	Ernest C. Gartner. Gaithersburg, Md.

June 3-53 Gertrude B Fawley

VS. A15

RECEIVED
JUN 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]248

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda rural
LENGTH OF STAY (in this place): 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Virginia — COUNTY: Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arlington
STREET ADDRESS (If rural give location): 1224 South George Mason Drive

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Leake (Last) Mann Jr.

4. DATE OF DEATH: (Month) June (Day) 12 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 26 1884

9. AGE last birthday: 68 yrs. — IF UNDER 1 YEAR: Months 10 Days 16 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Physician

10b. KIND OF BUSINESS OR INDUSTRY: Navy Medical Corps

11. BIRTHPLACE (State or foreign country): Georgetown, Texas

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William L. Mann

14. MOTHER'S MAIDEN NAME: Ann Taliaffero

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): ✓ Yes
(If Yes, give war or dates of service) WWI-WWII

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Wife: Ann Mann Same as #2 above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adenocarcinoma, stomach — Interval Between Onset And Death: 8 mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive cardiovascular disease 20 yrs.

19a. DATE OF OPERATION: 6-10-53

19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma, stomach

20. AUTOPSY? Yes XX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 7, 19 53, to June 12, 19 53, that I last saw the deceased alive on June 12 19 53, and that death occurred at 1:44 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) M. J. Feller
ADDRESS M. L. GELLER, CDR MC USN, U.S. Naval Hospital, NNMC, Bethesda, Maryland.
DATE SIGNED June 13, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF: June 16 1953
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR: June 15, 1953
REGISTRAR'S SIGNATURE: Enid Whittington

24. FUNERAL DIRECTOR ADDRESS: R. A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland.

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Item 21 Film G154 6-16-53 ams
Item 7 Film G155 6/22/53 wkw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

249

Reg. Dist. No. 23

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Toby Town. LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Toby Town - Travilah
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) CLARENCE (Last) Martin
4. DATE OF DEATH (Month) June (Day) 6 (Year) 1953
5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH May 3, 1930
9. AGE last birthday 23 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Hand
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME Robert Martin
14. MOTHER'S MAIDEN NAME Esther May Prather
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Robert Martin (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

929.8 Immediate cause (a) Asphyxia by drowning — INTERVAL BETWEEN ONSET AND DEATH: sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Small pond on Farm (CITY OR TOWN) nr. Travilla (COUNTY) Montg. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 2.20 p m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Was bathing in pond when he suddenly drowned

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 6-6-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 6/10/53 NAME OF CEMETERY OR CREMATORY Martins LOCATION (City, town, or county) Toby town, Md. (State)

DATE REC'D BY LOCAL REG. 6-10-53 REGISTRAR'S SIGNATURE Helen S. Eckenfelder
24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville Md

RELVA

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15A

RECEIVED
JUN 11 1953
BUREAU V. S.

250

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Alfred (Middle) B (Last) Mason
4. DATE OF DEATH (Month) June (Day) 2 (Year) 1953

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH June 5, 1902
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John F. Mason
14. MOTHER'S MAIDEN NAME Harriett Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Grace Johnson - Germantown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank J. Bruchert M.D. Ft. Fairbury Md 6-2-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/5/53
NAME OF CEMETERY OR CREMATORY Asbury
LOCATION (City, town or county) (State) Germantown, Md.

DATE REC'D BY LOCAL REG. June 4, 1953
REGISTRAR'S SIGNATURE Alsuda G. Cooke
24. FUNERAL DIRECTOR Robert L. Snowden, ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

JUN 8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53251

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Bethesda — LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Glen. Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: X
STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 3334 Stephenson Pl N.W.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Mildred	F.	McIntosh	June	3,	1953.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	W	Married	Aug. 9, 1906	46 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Clerk	Gallaudet College	Virginia	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles Thomas White	Ella Lee Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No			John F. McIntosh 3334 Stephenson Pl. N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331K

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 1 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension — 5 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1953, to June 3, 1953, that I last saw the deceased alive on June 2, 1953, and that death occurred at 12:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) F.M. McChesney, M.D. — ADDRESS 4620-36th St. N.W. Wash. 8, D.C. — DATE SIGNED

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	6/5/53		Annandale, Va

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
6/3/53	Beatrice M. Thompson	The S.H. Hines Co. 2401 - 14th St. N.W. Wash., D.C.

RECEIVED
JUN 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH [redacted] 06252

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Rockville
MARYLAND LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Waverley Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Bethesda
STREET ADDRESS (If rural give location): 4404 East West Highway

3. NAME OF DECEASED: (First) Georgia (Middle) A. (Last) McMeekin
4. DATE OF DEATH: (Month) (Day) (Year) June 18, 1953 19
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: June 9, 1883
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months 0 Days; IF UNDER 24 HRS: Hours Min. 9
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: John Hendrix
14. MOTHER'S MAIDEN NAME: Anna Marie Vaughn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: 418 High St. Mr M. R. Deutsch-Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 420.1 (a) Coronary occlusion — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) Arteriosclerosis — DUE TO

(c)

Interval Between Onset And Death: 3 days / 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1953, to June 18, 1953, that I last saw the deceased alive on June 18, 1953, and that death occurred at 8:55 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Walter O. Huff - M.D. ADDRESS: 4529 Maple Ave, Bethesda 14 - Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial-Transit
DATE THEREOF: 6/19/53
NAME OF CEMETERY OR CREMATORY: Sunset Hill
LOCATION (City, town, or county) (State): Johnson Co., Missouri
DATE REC'D BY LOCAL REGISTRAR: 6/20/53
REGISTRAR'S SIGNATURE: Bessie [illegible] Thompson
24. FUNERAL DIRECTOR: Robert A. Pumphrey ADDRESS: Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 22 1953
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 '53

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 717 Milestone Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 717 Milestone Drive

3. NAME OF DECEASED: (Type or Print) (First) Vincenza (Middle) (Last) Merendino

4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 3/31/73

9. AGE last birthday: 80 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Donado Zuccino

14. MOTHER'S MAIDEN NAME: Eugenia Bania

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No:

17. INFORMANT & ADDRESS: Mrs. Frank R. Williams, 717 Milestone Drive Silver Spring, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Cerebral + Nephrosclerosis	6 mos
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Generalized Arteriosclerosis	4-5 yrs
	DUE TO (c) Essential Hypertension	15 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertensive Heart Disease	2 yrs

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Van — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1960, to 3 June, 1953, that I last saw the deceased alive on 3 June, 1953, and that death occurred at 2:00 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Walter L. White M.D. 9427 Georgia Ave Silver Spring Md. 3 June 53

23. BURIAL, CREMATION, REMOVAL (Specify) Trans. - Burial — DATE THEREOF 6/3/53 — NAME OF CEMETERY OR CREMATORY St. John's Cemetery — LOCATION (City, town, or county) (State) Queens Village, Queens L.I., NY

DATE REC'D BY LOCAL REGISTRAR 6-3-53 — REGISTRAR'S SIGNATURE Frances Cotter — 24. FUNERAL DIRECTOR Warner & Turner — ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

VS: A15

RECEIVED
JUN 8 19
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 16254

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Somerset
STREET ADDRESS (If rural give location) 5517 Trent Street

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) B. (Last) MILLER

4. DATE OF DEATH: (Month) JUNE (Day) 11 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: JUNE 22, 1901
9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR Months 11 Days 19 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: General Fireproofing Co.
11. BIRTHPLACE (State or foreign country): Philadelphia, Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Miller
14. MOTHER'S MAIDEN NAME: Sue Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW 11
16. SOCIAL SECURITY NO.: 577-07-5420
17. INFORMANT & ADDRESS: Mrs Margaret G. Miller (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

			Interval Between Onset And Death
Immediate cause	(a)	Respiratory Failure	1 day
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Cardiac Decompensation	12 da
	DUE TO (c)	Coronary Occlusion (Posterior)	12 da.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/3 ..., 1953, to 6/11, 1953, that I last saw the deceased alive on 6/11, 1953, and that death occurred at 1:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank G. Jaggers, M.D.
ADDRESS 5707 Wisconsin Ave. Cin. Ohio
DATE SIGNED 6/11/53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 6-13-53
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland, Maryland
DATE REC'D BY LOCAL REGISTRAR 6/12/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Robert A. Pumphrey
ADDRESS Bethesda, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1

RECEIVED
JUN 15
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 255

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: Montgomery Co, Hosp.
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Springs Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Co. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Boyds Md. COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Connie Sue (Last) Moore

4. DATE OF DEATH: (Month) 6 (Day) 21 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 6-20-53

9. AGE last birthday: IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
24 hrs

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Victor Moore

14. MOTHER'S MAIDEN NAME: Vivian Fitts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Victor Moore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity (25 weeks gestation) — Interval Between Onset And Death: One day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20, 1953, to June 21, 1953, that I last saw the deceased alive on June 21, 1953, and that death occurred at 12.20 pm from the causes and on the date stated above.
SIGNATURE (Degree or title) Jack Shumaker M.D. ADDRESS Gaithersburg, Md DATE SIGNED June 21, 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-22-53
NAME OF CEMETERY OR CREMATORY Presbyterian Cem
LOCATION (City, town, or county) (State) Boyds Md
DATE REC'D BY LOCAL REGISTRAR 6-24-53
REGISTRAR'S SIGNATURE Gertrude B Lamb
24. FUNERAL DIRECTOR W. B. Hilton, Barnesville Md.
ADDRESS

20632502.51

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 29 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg (R); MARYLAND LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Seneca

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Monty; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg (R); STREET ADDRESS (If rural, give location) Seneca

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) C (Last) Murray

4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1953

5. SEX: male

6. COLOR OR RACE: col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 1/29/09

9. AGE last birthday: 44 yrs. If under 1 year: Months; If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robt Murray

14. MOTHER'S MAIDEN NAME: Mary Beckwith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWII

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Enlistment record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac Failure — Interval Between Onset and Death: Found dead in bed

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic alcoholism

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

322.1

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Frank J. Bosschart M.D. ADDRESS: Gaithersburg Md DATE SIGNED: 6-4-53

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial DATE THEREOF: 6/8/53 NAME OF CEMETERY OR CREMATORY: Arlington Nat. LOCATION (City, town or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG.: June 8, 1953 REGISTRAR'S SIGNATURE: Amelia L. Cook

24. FUNERAL DIRECTOR: Robert L. Snowden ADDRESS: Rockville Md

IN 12 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (In this place) 2 1/2 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring.
STREET ADDRESS (If rural, give location) 1118 Dale Dr.

3. NAME OF DECEASED (Type or Print) (First) Mrs. Anna (Middle) Draper (Last) Dehel Tree
4. DATE OF DEATH (Month) 6 (Day) 7 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 8-12-67
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Milwaukee, Wis.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel Jones
14. MOTHER'S MAIDEN NAME Sally Malin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

978.X

Immediate cause (a) Multiple injuries extreme — INTERVAL BETWEEN ONSET AND DEATH: sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Thoracic hemorrhage

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) June 7-53 3 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Jumped from 2nd floor porch of Hospital

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md. DATE SIGNED 6-7-53

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 6-8-53 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Philadelphia (State) Pa.

DATE REC'D BY LOCAL REG. June 7-1953 REGISTRAR'S SIGNATURE J. Evans Dodd
24. FUNERAL DIRECTOR [illegible] ADDRESS 1756 Pa. Ave. N.W. Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 9 1983
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

258

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY—WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; MARYLAND; LENGTH OF STAY (In this place) 5 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington; STREET ADDRESS (If rural, give location) 4709 Saul Rd.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Sophronia (Last) Parsons

4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 10 1856

9. AGE last birthday: 97 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alfred Thomas

14. MOTHER'S MAIDEN NAME: Mary Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: (Granddaughter) Mrs Mary Neilson- [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Shock and Cerebral Contusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of rt hip and rt humerus

(c)

INTERVAL BETWEEN ONSET AND DEATH: 5 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH: ✗

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: home

(CITY OR TOWN) Kensington (COUNTY) Montg (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 6/24/53 - 7 A m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Fell down back steps of home

22 I certify that I took charge of the remains described above, held an Autopsy ✗, Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident ✗, suicide , homicide , undetermined .

SIGNATURE (Degree or title): Frank J. Bouchart M.D.

ADDRESS: Gaithersburg Md

DATE SIGNED: 6-29-53

DISPOSITION (Burial, Cremation, Removal, Specify): Burial

DATE THEREOF: 7-1-53

NAME OF CEMETERY OR CREMATORY: Congressional Cem

LOCATION (City, town, or county) Wash D C (State)

DATE RECD BY LOCAL REG 6/29/53

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR: [illegible]

ADDRESS: 5732 Ga Ave NW

VS A15A

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BUREAU V. S.

6259

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

37

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lokoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 716 Hudson St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover
STREET ADDRESS (If rural, give location) 6417 Landover Rd.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Joseph (Last) Peffer

4. DATE OF DEATH: (Month) June (Day) 26. (Year) 1953

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH: 8/3/1873
9. AGE last birthday: 79 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter Barber Ross Co
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George C. Peffer
14. MOTHER'S MAIDEN NAME: Clotilda ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Geo Peffer Landover Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 410X

		Interval Between Onset and Death
Immediate cause	(a) Cerebral thrombosis (or pos embolism)	3 wks ag
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Rheumatic Heart Disease Antica stenosis	yrs
	DUE TO (c) Mitral regurgitation	yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Congestive failure — Terminal

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) 0
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/10, 1952 to 6/26, 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 4:30P m., from the causes and on the date stated above.

SIGNATURE R. W. Wolohan, M.D. (DEGREE OR TITLE) ADDRESS 500 Underwood St NW DATE SIGNED 6/26/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 6/29/53
NAME OF CEMETERY OR CREMATORY Ft Lincoln
LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REG. 6-29-53
REGISTRAR'S SIGNATURE Amanda Downey
6-30-53 L. Wilson Dodd. R
24. FUNERAL DIRECTOR F Gesch's Sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUL 1 1953
BUREAU V. S.

6260

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Waverley Sanitarium Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waverley Sanitarium, Rockville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wardman Park Hotel — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) Wardman Park Hotel, D.C.

3. NAME OF DECEASED (Type or Print) (First) Julius (Middle) L. — (Last) Peyser
4. DATE OF DEATH (Month) June (Day) 7 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify) Widower
8. DATE OF BIRTH July 6-1875
9. AGE last birthday 77 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer & Business Executive
10b. KIND OF BUSINESS OR INDUSTRY Banking & Commercial
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Philip Peyser
14. MOTHER'S MAIDEN NAME Natalie Goodman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — World War I (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Aaron W. Jacobson — 453 Warren St. N. W. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

592x Immediate cause (a) Chronic Myocardial insufficiency — 3½ years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic interstitial nephritis — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1953, to June 7, 1953, that I last saw the deceased alive on June 7, 1953, and that death occurred at 9.55 P. m., from the causes and on the date stated above.

SIGNATURE Wheeler O. Huff — (Degree or title) M.D. — ADDRESS 4529 Maple Ave., Bethesda 14 Md. — DATE SIGNED June 7 1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF June 10, 1953 — NAME OF CEMETERY OR CREMATORY Washington Heb. Cong. — LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 6/9/53 — REGISTRAR'S SIGNATURE Bessie M. [illegible] — 24. FUNERAL DIRECTOR Joseph Gawler Sons — ADDRESS 1756 Pa. Ave. N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 11 19[illegible]
BUREAU [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 17 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
STREET ADDRESS (If rural give location) 7017 Rolling Road

3. NAME OF DECEASED: (Type or Print) (First) Jesse (Middle) Lewis (Last) Phares
4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: August 26 1905
9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR Months 9 Days 20 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mariner
10b. KIND OF BUSINESS OR INDUSTRY: U.S.Navy
11. BIRTHPLACE (State or foreign country): Zamboanga, Mindanao, P.I.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Walter Phares
14. MOTHER'S MAIDEN NAME: Maude Bird

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWII
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mother: Maude Phares : Same as #2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

578X

Immediate cause (a) Hemorrhage, Gastro-intestinal — Interval Between Onset And Death 10 hrs.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cause Unknown

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1953, to June 16, 1953, that I last saw the deceased alive on June 16, 1953, and that death occurred at 10:53 AM, from the causes and on the date stated above.

SIGNATURE J.B. Madrigan (Degree or title) CDR MC USN, U.S.Naval Hospital, ADDRESS NNMC, Bethesda, Maryland DATE SIGNED June 16 1953

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF June 16 1953
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) Arlington, Virginia. (State)

DATE REC'D BY LOCAL REGISTRAR June [illegible] 1953
REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR Joseph Gawler's Funeral Home, ADDRESS 1756 Penn., Avenue, N.W., Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ..262

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norbeck
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ----

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norbeck
STREET ADDRESS (If rural give location) ----

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) THOMAS DILWYN PLEASANTS

4. DATE OF DEATH: (Month) (Day) (Year) June 6 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: Nov. 10, 1898

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Auditor -- Rockville Motor Co.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Scottsville, Va.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Randolph R. Pleasants

14. MOTHER'S MAIDEN NAME: Annie H. Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 240-09-8703

17. INFORMANT & ADDRESS: Mrs. Tarleton Brooke, Norbeck, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension DUE TO

(c)

Interval Between Onset And Death: 5 mi. 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: -

19b. MAJOR FINDINGS OF OPERATION -

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) -

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) -

(CITY OR TOWN) - (COUNTY) - (STATE) -

TIME OF INJURY (Month) (Day) (Year) (Hour) m. -

INJURY OCCURED While at Work ☐ Not While At Work ☐ -

HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from 6/4, 19.., to 6/6, 1953, that I last saw the deceased alive on ..., 19.., and that death occurred at 6.45 P.M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Sandy Spring DATE SIGNED 6/7/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF June 8, 1953

NAME OF CEMETERY OR CREMATORY Presbyterian Church Cemetery

LOCATION (City, town, or county) (State) Scottsville, Va.

DATE REC'D BY LOCAL REGISTRAR 6-8-53

REGISTRAR'S SIGNATURE Gertrude B Fowler

24. FUNERAL DIRECTOR [signature]

ADDRESS 8434 Georgia Ave., Silver Spring, Md.

VS. A15

RECEIVED
JUN 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 263

CERTIFICATE OF DEATH

Reg. Dist. No. 21 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Olney
LENGTH OF STAY (in this place) 33 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgo. County General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) P. (Last) Plummer

4. DATE OF DEATH: (Month) 6 (Day) 2 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.

8. DATE OF BIRTH: 9-24-1888

9. AGE Last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Plummer

14. MOTHER'S MAIDEN NAME: Roberta Pope.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hosp. records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) DUE TO Acute Coronary Thrombosis and Myocardial Infarction

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death 2½ hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1953, to June 3, 1953, that I last saw the deceased alive on June 2, 1953, and that death occurred at 9:23 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jack Schumacher M.D. ADDRESS Gaithersburg, Md. DATE SIGNED June 3, 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 6-5-53

NAME OF CEMETERY OR CREMATORY Goshen

LOCATION (City, town, or county) (State) Goshen Md.

DATE RECD BY LOCAL REGISTRAR June 3, 1953

REGISTRAR'S SIGNATURE Gertrude B Fowler

24. FUNERAL DIRECTOR ADDRESS Ernest C. Gartner-Gaithersburg.Md.

Amanda L Cooke

VS. A15

RECEIVED
JUN 15
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 264

CERTIFICATE OF DEATH

Reg. Dist. No. 415

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 20 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 8304 14th. Avenue

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (None) (Last) Poliak

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 12 1886
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months 2 Days 26 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Steel Industry
11. BIRTHPLACE (State or foreign country): Czeckslovakia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Mathew Poliak
14. MOTHER'S MAIDEN NAME: Rose Jurich

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: SON: Albert Poliak : Same as #2 above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 162X (a) Carcinoma, Bronchogenic, Right Lower lobe
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: 8 mos.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 18, 19 53, to June 8, 19 53, that I last saw the deceased alive on June 8, 19 53, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

SIGNATURE: E. W. DAVIS, LTJG MC USN (Degree or title) ADDRESS U.S.Naval Hospital, NNMC, Bethesda, Maryland. DATE SIGNED June 8 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Removal-Burial
DATE THEREOF June 8 1953
NAME OF CEMETERY OR CREMATORY Union Cemetery
LOCATION (City, town, or county) (State) Monaca, Pennsylvania.

DATE REC'D BY LOCAL REGISTRAR June 8 1953
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR R. A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland. ADDRESS

2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
JUN 9 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 265

CERTIFICATE OF DEATH

Reg. Dist. No. .....

VS. A1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY ..... MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda Rural

LENGTH OF STAY (in this place) 1 Months

HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE ..... COUNTY .....

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Englewood

STREET ADDRESS (If rural give location) 140 East Englewood Avenue

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH:	(Month)	(Day)	(Year)
	Bonney	Mary	Powell		June	21	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	October 12, 1903	49 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Motion Picture Industry	Director	Albertville, Alabama	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Riley Powell	Laura Raines

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	WWII		SON: Charles Powell Same as #2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
162X Immediate cause	(a) Pneumothorax, spontaneous, right	4 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	
	DUE TO (c) Bronchogenic carcinoma, left lung	1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3-10-53	Carcinoma, left lung (pneumonectomy)	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from February 18, 1953, to June 21, 1953, that I last saw the deceased alive on June 21, 1953, and that death occurred at 1:35 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
M. L. Gerber, CDR MC USN	U.S. Naval Hospital, NNMC, Bethesda, Maryland	June 23, 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 25 1953	Arlington National Cemetery	Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 23 1953	Edith Whittington	R. A. Pumphrey Funeral Home, 127 [illegible] Avenue, Bethesda, Maryland.	

RECEIVED
JUN 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—[illegible] 1266

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11012 Burnley Terrace

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 11012 Burnley Terrace

3. NAME OF DECEASED: (Type or Print) (First) ELIZABETH (Middle) EMILY (Last) POWELL

4. DATE OF DEATH: (Month) (Day) (Year) June 15, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Aug. 1, 1895

9. AGE last birthday: 57 yrs. — IF UNDER 1 YEAR: Months 10, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Henry C. Parks

14. MOTHER'S MAIDEN NAME: Florence May Bremmerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Harry Lee Powell- Item# 2

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Pulmonary Edema	12 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Angina Pectoris	2 yrs
	DUE TO (c) Diabetes	16 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-15-52, to 6-15-53, that I last saw the deceased alive on 6-15-53, and that death occurred at 6:45 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. — ADDRESS 9321 Georgia Ave Silver Spring Md — DATE SIGNED 6-15-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jne 18, 1953 — NAME OF CEMETERY OR CREMATORY Ft. Lincoln — LOCATION (City, Town, or county) Prince George (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 6-17-53 — REGISTRAR'S SIGNATURE Frances Potter — 24. FUNERAL DIRECTOR Robert A Humphreys — ADDRESS Bethesda, Md.

VS. A15

RECEIVED
JUN 19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Spring
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Spring
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Elgar (Middle) N. (Last) Pumphrey

4. DATE OF DEATH (Month) June (Day) 30 (Year) 1953

5. SEX Male
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 5-23-1901
9. AGE last birthday 52 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Sanitary Camp
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Caleb Pumphrey
14. MOTHER'S MAIDEN NAME Sarah Boston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Sarah Hill (sister) Sandy Spring Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary hemorrhage — INTERVAL BETWEEN ONSET AND DEATH ½ hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Emphysema (bilateral) — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Bisechart (Degree or title) MD. ADDRESS Gaithersburg Md DATE SIGNED 7-1-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-4-53
NAME OF CEMETERY OR CREMATORY Good Hope
LOCATION (City, town, or county) (State) Colesville, Md

DATE REC'D BY LOCAL REG. 7-4-53
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Robert L. Snowden, ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
1953
BUREAU V. S.

268

216

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ~~218~~

1. PLACE OF DEATH COUNTY: Montg MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington — LENGTH OF STAY (in this place): 34Da	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Darnestown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Fair Haven RestHome	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) Carrie	(Middle) White	(Last) Purdum	4. DATE OF DEATH	(Month) June (Day) 27 (Year) 53 19
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow	8. DATE OF BIRTH: May 18.1867	9. AGE last birthday: 86 yrs.	If under 1 year Months 1 Days 9 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife	10b. KIND OF BUSINESS OR INDUSTRY: Home work	11. BIRTHPLACE (State or foreign country): Montg.Co. Md.	12. CITIZEN OF WHAT COUNTRY: U S A		
13. FATHER'S NAME: Charles Higdon	14. MOTHER'S MAIDEN NAME: Susan Lewis				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: James W.Purdum. Kensington.Md			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
491x Immediate cause	(a) Bronchopneumonia	48 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senility	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-23, 1953, to 6-27, 1953, that I last saw the deceased alive on 6-25, 1953, and that death occurred at 8:15 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Dentist Fox M.D.		Silver Spring, Md.	June 29, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 6/30/53	NAME OF CEMETERY OR CREMATORY: Darnestown Cemetery	LOCATION (City, town, or county) (State): Darnestown.Md.
DATE REC'D BY LOCAL REG.: June 29, 1953	REGISTRAR'S SIGNATURE: Wenda G. Goode	24. FUNERAL DIRECTOR: Ernest. C. Gartner.	ADDRESS: Gaithersburg.Md.

7/1/53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 3
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6260

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural
LENGTH OF STAY (in this place) 1 Hour 10 Min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Arlington
STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington X
STREET ADDRESS (If rural give location) 500 South Walter Reed Drive.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Edward (Last) Reedy

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 4 1893

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months 1 Days 5 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Commentator

10b. KIND OF BUSINESS OR INDUSTRY: Radio Industry

11. BIRTHPLACE (State or foreign country): Marquette, Michigan

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Reedy

14. MOTHER'S MAIDEN NAME: Florence Cameron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: SON: George E. Reedy Jr. Same as #2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Infarction, Myocardium — Interval Between Onset And Death: 1 hr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertensive cardiovascular Disease — 3 yrs

DUE TO

(c)

(26 X)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 8 mos

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, 1953, to June 9, 1953, that I last saw the deceased alive on June 9, 1953, and that death occurred at 1:55 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. O. PECKINPAUGH, Lt. MC, USN., U.S.Naval Hospital, NNMC, Bethesda, Maryland. June 9, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF June 12, 1953

NAME OF CEMETERY OR CREMATORY Arlington National Cemetery

LOCATION (City, town, or county) (State) Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR June 9 1953

REGISTRAR'S SIGNATURE Edith Worthington

24. FUNERAL DIRECTOR Joseph Gawler's Funeral Home

ADDRESS 1750 Penn. Ave. N.W., Washington, D.C.

8

JUN 11 1963

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney; LENGTH OF STAY (in this place) 5 1/2 mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Brooke Grove Convalescent Home —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY —; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 7910 - 14th St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) (Last) Rehfeldt

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: July 25 1877

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Housewife —

11. BIRTHPLACE (State or foreign country): Switzerland —

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Rudolph Mueffer

14. MOTHER'S MAIDEN NAME: Mary Schneider

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: sister Mrs. Olga Graf, 7916 14th St. N.W., DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Exanition	3 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Major Psychosis	6 mo
	(c) Cerebral Arteriosclerosis	yrs

3347

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/8, 1953, to 6/22, 1953, that I last saw the deceased alive on 6/13, 1953, and that death occurred at 1:40 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. Thigpen MD Sandy Spring MD 6/24/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6/24/53

NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery

LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REG.: 6-26-53

REGISTRAR'S SIGNATURE: Gertrude B Fawcett

24. FUNERAL DIRECTOR: Warner & Simpson

ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

RECEIVED
JUN 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 .0271

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park. RURAL
LENGTH OF STAY (in this place) 30 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown.
STREET ADDRESS (If rural give location) R. F. D. #1

3. NAME OF DECEASED: (Type or Print) (First) Raymond (Middle) — (Last) Riley, Sr.

4. DATE OF DEATH: (Month) 6 (Day) 21 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-4-89

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer.

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Wash. D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Blackstone Riley

14. MOTHER'S MAIDEN NAME: Margaret W. Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 48 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/19, 1953, to 6/21, 1953, that I last saw the deceased alive on 6/20, 1953, and that death occurred at 3:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert A. Hare M.D. — ADDRESS Takoma Park, Md. — DATE SIGNED 6/21/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6/24/53 — NAME OF CEMETERY OR CREMATORY Glenwood Cemetery — LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR Jun 24th 1953 — REGISTRAR'S SIGNATURE J. Milton Dodd

24. FUNERAL DIRECTOR Warner E. Pumphrey — ADDRESS 4334 Georgia Ave. Silver Spring Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 2 hrs + 55 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 1222 Woodside Parkway

3. NAME OF DECEASED: (Type or Print) (First) Wilber (Middle) Franklin (Last) Ripley
4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: 12-4-78
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Minister
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Canon City, Colo.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ripley
14. MOTHER'S MAIDEN NAME: Elizabeth Lucas

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: (daughter) Silver Spring, Md. Mrs. Jeannette Palmer - 1222 Woodside Parkway

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute Myocardial infarction — Interval Between Onset And Death: 4 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 16, 1953, to June 16, 1953, that I last saw the deceased alive on June 16, 1953, and that death occurred at 5:55 PM, from the causes and on the date stated above.

SIGNATURE Vance J. Maloney (Degree or title) Jr. MD. ADDRESS Takoma Park Md. DATE SIGNED June 16, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 6/19/53
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Crematory
LOCATION (City, town, or county) (State) Prince George County, Md.
DATE REC'D BY LOCAL REGISTRAR June 23-1953
REGISTRAR'S SIGNATURE J. Nelson Dodd
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH: COUNTY Montgomery Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda | LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5810 Maiden Lane.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington D.C. COUNTY X
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 1418 Meridian Pl. N.W.

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Theodore (Last) Roche
4. DATE OF DEATH: (Month) June (Day) 20 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Jan 9, 1868
9. AGE last birthday: 85 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Ulich Roche
14. MOTHER'S MAIDEN NAME: Clara ~~Mamms~~ Meem
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT AND ADDRESS: Mrs J. F. O'Connor 5810 Maiden Lane Bethesda

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH: at least 9 mos.

002X Immediate cause (a) Tuberculosis, pulmonary

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) same
(c) same

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old Age and arteriosclerotic heart disease

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1953, to June 18, 1953; that I last saw the deceased alive on June 18, 1953, and that death occurred at 2:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Allen J. O'Neill M.D. 7940 Georgetown Rd. Bethesda June 20 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6-23-53
NAME OF CEMETERY OR CREMATORY: St. Peters
LOCATION (City, town, or county) (State): Jefferson County, W. Va.

DATE REC'D BY LOCAL REG. 6/24/53
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: Robert H. Pumphrey ADDRESS: Bethesda, Md.

RECEIVED
JUN 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]271

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 813 Gist Avenue.

3. NAME OF DECEASED: (Type or Print) (First) Paul (Middle) John (Last) Schlert.

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1953

5. SEX: M

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 2, 1876

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Baker.

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Washington DC.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Schlert.

14. MOTHER'S MAIDEN NAME: Margaret Schmidt.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S ADDRESS: Henrietta J. Schlert. 1914 Park Rd. N.W. Washington DC.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 3 days.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary artery arteriosclerosis — Interval Between Onset And Death: Unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 11, 1953 to June 17, 1953, that I last saw the deceased alive on June 17, 1953, and that death occurred at 7:45 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Geo H. Traum M.D. 8237 Georgia Ave Silver Spring Md June 17 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 6-20-53

NAME OF CEMETERY OR CREMATORY Glenwood

LOCATION (City, town, county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 6/18/53

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR The S. N. Hines Co. 2981-14th St. N.W. Washington D.C.

VS. A15

Dr. Brockhart notified + approved.
M. Fowler
6-17-53

RECEIVED
JUN 22 1953
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenacres
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5307 Yorktown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenacres
STREET ADDRESS (If rural, give location) 5307 Yorktown Rd

3. NAME OF DECEASED (Type or Print) (First) Lily (Middle) A (Last) Scott
4. DATE OF DEATH (Month) June (Day) 23 (Year) 1953
5. SEX Female
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug. 13, 1905
9. AGE last birthday 47 yrs. If under 1 year Months 10 Days 10 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) England
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Henry William Beere
14. MOTHER'S MAIDEN NAME Florence Moore
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS R.N.Scott- Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

974X Immediate cause (a) Asphyxia by hanging

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead hanging by neck in cellar of home

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Self inflicted hanging

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 6-23-53

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 6-26-53
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland, Maryland
DATE REC'D BY LOCAL REG. 6/24/53
REGISTRAR'S SIGNATURE Tessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

RECEIVED
JUN 29 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring | LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1016 Osage St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 1016 Osage St

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edward	Richard	Shea	June	6	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Single	5-17-53	yrs.		19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	—	Maryland	USA

13. FATHER'S NAME: Edward R. Shea
14. MOTHER'S MAIDEN NAME: Eva R Simon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
501X Immediate cause	(a) Laryngeus - Tracheo - Bronchitis	Found dead in bed
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	Ill for 3 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide , undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Bosenhart M.D.		Gaithersburg Md	6-6-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6/8/53	Mt Olivet Cemetery	Washington	D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-5-53		Francis J Collins	3821-14th St N.W Wash D.C.

2053353404

RECEIVED
JUN 15 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]277

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda rural
LENGTH OF STAY (in this place): 7 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE VIRGINIA COUNTY: Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arlington X 42
STREET ADDRESS (If rural give location): 4275 35th. Street North

3. NAME OF DECEASED: (Type or Print) (First) [illegible] (Middle) Kimberly [illegible] (Last) Ann Silberstein

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 15 1953

9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR: Months 0 Days 7 IF UNDER 24 HRS.: Hours [illegible] Min. [illegible]

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Howard J. Silberstein

14. MOTHER'S MAIDEN NAME: Shirley Rae Myer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Father: Howard J Silberstein Same as #2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7545

Immediate cause (a) Cardiac failure — Interval Between Onset And Death: 3 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Congenital Heart disease — 7 day

DUE TO (c) Aortic Stenosis Coarctation of Aorta 7 day

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. **INJURY OCCURED** While at Work ☐ Not While At Work ☐ **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from June 15, 19 53, to June 22, 19 53, that I last saw the deceased alive on June 22 19 53 and that death occurred at 12:48 PM, from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) LT MC USN, ADDRESS U.S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED June 23 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — **DATE THEREOF** June 26 1953 — **NAME OF CEMETERY OR CREMATORY** Arlington National Cemetery — **LOCATION** (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REGISTRAR [illegible] 1953 — **REGISTRAR'S SIGNATURE** Edith Whittington

24. FUNERAL DIRECTOR R.A. Pumphrey Funeral Home, [illegible] ADDRESS [illegible] Avenue, Bethesda, Maryland

2063308385

VS. M5

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JUN 25 1953
BUREAU V

Item 18 Film G155 6-24-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6576

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 12 days + 13 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 8414 Manchester Road
STREET ADDRESS (If rural give location) Silver Spring 7

3. NAME OF DECEASED: (Type or Print) (First) Herman (Middle) Louis (Last) Simmons

4. DATE OF DEATH: (Month) 6 (Day) 13 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Cauc.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 4-19-97
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Newspaperman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Leeds, England
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Max Simmons
14. MOTHER'S MAIDEN NAME: Minnie Levenberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Washington Sanitarium & Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Carcinomatosis — Interval Between Onset And Death

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Primary site - unknown
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/20, 1953, to 6/13, 1953, that I last saw the deceased alive on 6/13, 1953, and that death occurred at 11:55 am, from the causes and on the date stated above.

SIGNATURE Dean H. Harding MD (Degree or title) 113 Carroll St NW Wash DC ADDRESS DATE SIGNED 6/13/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-16-53
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Albany (State) N.Y.
DATE REC'D BY LOCAL REGISTRAR June 13 1953
REGISTRAR'S SIGNATURE J. Hilton Dodd
24. FUNERAL DIRECTOR B. Danzansky & Son 3501-14 St NW Hart-DC ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-1

RECEIVED
JUN 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 278/6

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 12 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 401 Park Road South Horners Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Leonard (Middle) Raymond (Last) Sirk Jr.
4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: April 19-1952
9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Child
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Raymond Sirk
14. MOTHER'S MAIDEN NAME: Bertha Ward
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Grandmother - Mrs Eva Ward. 120 Commerce Lane Rockville. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause 491 X	(a) DUE TO	cardio-respir. failure	30 m
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	Bronchopneumonia &	24 hrs.
	(c)	Bronchiolitis	24 hrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 6/1, 1952, to 6/6/, 1953, that I last saw the deceased alive on 6/6/, 1953, and that death occurred at 5.15 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) Stephen N. Jones M.D. ADDRESS 326 E. Montgo. Ave Rockville Md DATE SIGNED 6/6/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-9-53
NAME OF CEMETERY OR CREMATORY Flower Hill
LOCATION (City, town, or county) Montgomery, Maryland (State)
DATE REC'D BY LOCAL REGISTRAR 6/8/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
JUN 12 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 279

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural
LENGTH OF STAY (in this place) 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE North Carolina COUNTY Wake
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raleigh
STREET ADDRESS (If rural give location) 23 Country Club Drive.

3. NAME OF DECEASED: (Type or Print) (First) Willis (Middle) (None) (Last) Smith

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: December 19, 1887

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months 6 Days 7 IF UNDER 24 HRS. Hours Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Attorney

10b. KIND OF BUSINESS OR INDUSTRY: Attorney-at-Law

11. BIRTHPLACE (State or foreign country): Norfolk, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Willis Smith

14. MOTHER'S MAIDEN NAME: Mary S. Creecy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: SON: Willis Smith Jr. Same as #2 above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Myocardial infarction DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart Disease DUE TO

(c)

Interval Between Onset And Death: 4 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 23, 1953, to June 26, 1953, that I last saw the deceased alive on June 26, 1953, and that death occurred at 5:25 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature], LT MC USN, U.S. Naval Hospital, NNMC, Bethesda, Maryland. June 26 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Removal Burial

DATE THEREOF June 26 1953

NAME OF CEMETERY OR CREMATORY Oakland Cemetery

LOCATION (City, town, or county) (State) Raleigh, North Carolina

DATE REC'D BY LOCAL REGISTRAR June 6 1953

REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR JOSEPH GAWLERS FUNERAL HOME, 1750 Penna. Avenue, N.W., Washington, D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45

JUN 29 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 16280

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ... is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Olney
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Takoma Park
STREET ADDRESS (If rural give location): 414 Boyd Avenue

3. NAME OF DECEASED (Type or Print): (First) Romie (Middle) Lee (Last) Spear
4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1953
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: march 10, 1911
9. AGE last birthday: 42 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Street Car Operator
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Lee Spear
14. MOTHER'S MAIDEN NAME: Mamie Phillips
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): yes — (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Myocardial Infarction, 2nd — Interval Between Onset And Death: 24 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Myocardial Infarction, 1st — 11 Months

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/2, 1953, to 6/7, 1953, that I last saw the deceased alive on 6/8, 1953, and that death occurred at 6:50 P.M., from the causes and on the date stated above.

SIGNATURE: A. D. Bonifant — (Degree or title): M.D. — ADDRESS: Sandy Spring, Md. — DATE SIGNED: 6/8/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 11, 1953 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 6-8-53 — REGISTRAR'S SIGNATURE: Gertrude B Lawler

24. FUNERAL DIRECTOR: J. Arthur Gaither — ADDRESS: 254 Carroll St. N.W. Takoma Park, D.C.

VS. A15

RECEIVED
JUN 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00281

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place) 1½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2100 Belvedere Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 2100 Belvedere Drive

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) Agnes (Last) Stauffer
4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 11 Mar 1883
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): New York, N.Y.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Daniel Jos. Lenihan
14. MOTHER'S MAIDEN NAME: Margaret Agnes Garvey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs. Helen Toman, 2100 Belvedere Drive Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
42.0 Immediate cause	(a)	Congestive Heart Failure	3 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Arteriosclerotic Heart Disease	6 yrs
(157X)	DUE TO (c)	Generalized Arteriosclerosis	10 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Pancreas 1 yr.

19a. DATE OF OPERATION: Dec 52
19b. MAJOR FINDINGS OF OPERATION Cholelithiasis & Carcinoma of Pancreas
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, ~~office bldg., etc.~~) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ ~~Not While~~ At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952 to 23 June, 1953, that I last saw the deceased alive on Oct, 1952, and that death occurred at 11 05 PM from the causes and on the date stated above.
SIGNATURE (Degree or title) Merton I. [illegible] ADDRESS 7727 Georgia Ave. Silver Spring DATE SIGNED 23 June 53

23. BURIAL, CREMATION, REMOVAL (Specify) Trans. & Burial
DATE THEREOF 6/24/53
NAME OF CEMETERY OR CREMATORY St. John's Cemetery
LOCATION (City, town, or county) (State) Queens, New York City, N. Y.
DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Warner C. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

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RECEIVED
JUN 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—~~[illegible]~~ 16370

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hissey's Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE N. Carolina COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilmington
STREET ADDRESS (If rural give location) 113 So. 5th. Street

3. NAME OF DECEASED: (Type or Print) (First) FLORENCE (Middle) ROGERS (Last) STRANGE

4. DATE OF DEATH: (Month) June (Day) 1, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept. 20, 1863
9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR Months 8 Days 11 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): California
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William Rogers
14. MOTHER'S MAIDEN NAME: Sarah Seymour

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Robert W. Strange-Wash., D.C. 3960 Langley Ct.N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 580 X (a) acute hepatitis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO (c)

Interval Between Onset And Death 5 days

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 18, 1953, to June 1, 1953, that I last saw the deceased alive on June 1, 1953, and that death occurred at 5 P.M. from the causes and on the date stated above.

SIGNATURE Emil G. Bauerfeld M.D. (Degree or title) ADDRESS Bethesda, Md DATE SIGNED 6/2/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-Transit
DATE THEREOF 6-2-53
NAME OF CEMETERY OR CREMATORY Oakdale
LOCATION (City, town, or county) (State) Wilmington, N. Carolina
DATE REC'D BY LOCAL REGISTRAR 6/4/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [illegible]age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 8 1953

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington — LENGTH OF STAY (in this place) 3 wks	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3303 Oberon St.	STREET ADDRESS (If rural, give location) 3303 Oberon St.

3. NAME OF DECEASED (Type or Print)	(First) Earl	(Middle) W	(Last) Summers	4. DATE OF DEATH	(Month) June	(Day) 29	(Year) 1953
5. SEX Male MALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 11/27/87	9. AGE last birthday 65 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auditor & Bookkeeper	10b. KIND OF BUSINESS OR INDUSTRY Coal Company New River Coal Co.		11. BIRTHPLACE (State or foreign country) West Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Charles P. Summers			14. MOTHER'S MAIDEN NAME Loretta Boyer				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 233-10-6340		17. INFORMANT AND ADDRESS Mr. Geo. E. Summers, 3303 Oberon St. Kensington, Md.				

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broerhart	M.D.	Gaithersburg Md	6-29-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 7/2/53	NAME OF CEMETERY OR CREMATORY Parklawn Cemetery	LOCATION (City, town, or county) (State) Montgomery County, Md.
DATE REC'D BY LOCAL REG. 7-3-53	REGISTRAR'S SIGNATURE Frances Potter	24. FUNERAL DIRECTOR Warren E. Pumphrey	ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
UL 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

283

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY mantgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Ch MD
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6318-Delaware St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE maryland COUNTY mant
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase MD
STREET ADDRESS (If rural give location) 6318-Delaware St C.C. MD

3. NAME OF DECEASED: (Type or Print) (First) CORA (Middle) D (Last) SWAINE
4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1953.

5. SEX: Female
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Sept 19 1864
9. AGE last birthday: ~~68~~ 68 Yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: House Wife
11. BIRTHPLACE (State or foreign country): Alexandria Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Oppich
14. MOTHER'S MAIDEN NAME: Alice Penn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Frances Fitzgerald (D) 6318 Delaware St.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.1

Immediate cause (a) Neoplasm - abdominal - Nature?

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death c. 18 mos.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) No.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1952, to 6/June, 1953, that I last saw the deceased alive on 6/June, 1953, and that death occurred at 7-30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles R. L. Halley. ADDRESS 915-19th N.W. West D.C. DATE SIGNED 6/June/53.

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 6/8/53 NAME OF CEMETERY OR CREMATORY Fort Lincoln LOCATION (City, town, or county) Prince Geo Cty MD (State)
DATE REC'D BY LOCAL REGISTRAR 6-8-53 REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR The S. H. Hines Co ADDRESS 2901-14th N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 10 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 284 2 23

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 1025 Conn. Ave., N. W.

3. NAME OF DECEASED: (Type or Print) (First) Mattie (Middle) Kendrick (Last) Taylor

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Jan. 12-1889
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Gov. Clerk
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rosedale, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Cummings Taylor
14. MOTHER'S MAIDEN NAME: Mary Maxwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

444X

Immediate cause (a) Pulmonary Infarction — Interval Between Onset And Death: Terminal

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Auricular Fibrillation — two days

DUE TO (c) Hypertension — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremic State

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☑
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/8/, 1953, to 6/15/, 1953, that I last saw the deceased alive on 6/15/, 1953, and that death occurred at 4:05 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert A. Hare M.D. ADDRESS Takoma Park, Md. DATE SIGNED 6/15/53

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF June 18th 1953
NAME OF CEMETERY OR CREMATORY Elk Garden Cem
LOCATION (City, town, or county) Elk Garden (State) Va

DATE REC'D BY LOCAL REGISTRAR June 15 1953
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Joseph Gawlers Sons
ADDRESS 1756 Pa. Ave N.W. Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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1953
BUREAU V. S.

285

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 211

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Monrovia Md; LENGTH OF STAY (In this place) All Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS JOHN

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Monrovia Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) W (Last) THOMAS

4. DATE OF DEATH: (Month) JUNE (Day) 25 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Oct 7 1862

9. AGE last birthday: 91 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm work

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Dennis Thomas

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: William W Thomas Monrovia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Decompensation	3 wks
Antecedent cause (b)	(b) Chronic Myocarditis	5 yrs
Underlying cause last	(c) Cardio-Vascular - Renal disease	5 yrs

442

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May 27, 1953, to 6/25, 1953, that I last saw the deceased alive on 6/25, 1953, and that death occurred at 11:25 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J Stanley Crabill M.D. ADDRESS Mt Airy - Md DATE SIGNED 6/26/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: June 28 1953

NAME OF CEMETERY OR CREMATORY: Friendship M P

LOCATION (City, town, or county) (State): Hagerstown Md

DATE REC'D BY LOCAL REG.: June 26/53

REGISTRAR'S SIGNATURE: Della N. Burdette

24. FUNERAL DIRECTOR: Roy W Barker

ADDRESS: Boonsboro Md

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JUN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 0286 15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Montgomery. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 5414 41st Street N.W.

3. NAME OF DECEASED: (Type or Print) (First) Marion (Middle) Whitehouse (Last) Thomas.

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 29

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired). Homemaker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter J Whitehouse

14. MOTHER'S MAIDEN NAME: Sarah Wintersteen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Jean Thomas Downs. 2719 Williamsburg Blvd. Arlington, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Occlusion — Interval Between Onset And Death: 6 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Coronary Heart Disease — 3 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4, 1953, to June 4, 1953, that I last saw the deceased alive on June 4, 1953, and that death occurred at 10:00 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Sidney G. Cousins M.D. 3921 Legoman Apt 420 W. Wash D.C. 6/4/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6-6-53 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Cottsville, Pa

DATE REC'D BY LOCAL REGISTRAR 6/8/53 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Gray Chapel Funeral Home ADDRESS 5103 Mass. Ave. N.W. Wash. DC

VS. A15

RECEIVED
JUN 12 1953
U. V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montg — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg | LENGTH OF STAY (in this place) 18yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location) 3 Hiland Ave

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Samuel	Patrick	Thomas	June	13	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE Male	White	Married	June 17, 1885	67 yrs.	11	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Auditor for Washington Suburban Sanitary Commission.		Sandy Spring Md.	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward P Thomas	Mary Bently

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Evelyn Fulks Thomas, Gaithersburg. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.0 Immediate cause	(a) Coronary Thrombosis with Myocardial Infarction	minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	few years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 1950, to June 13, 1953, that I last saw the deceased alive on June 11, 1953, and that death occurred at Approx. 300 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Jack Schmucker M.D.	Gaithersburg, Md	June 13, '53

23. BURIAL, CREMATION, REMOVAL Burial	DATE THEREOF 6/15/53	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
		Friends Meeting House,	Sandy Spring. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 13, 1953	Alsuda L. Cooke	Ernest C. Gartner,	Gaithersburg. Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

288

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print): (First) Irvin (Middle) Thomas (Last) Todd

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 19[illegible]

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]

8. DATE OF BIRTH: May [illegible] 51

9. AGE last birthday: 2 yrs. If under 1 year: Months [illegible] Days [illegible] If under 24 hrs.: Hours [illegible] Min. [illegible]

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James H; Todd

14. MOTHER'S MAIDEN NAME: Almedia Ware

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): [illegible]

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Father: James H. Todd Same as [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

902.0
Immediate cause (a) Cerebral laceration due to [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) fracture of skull — 2 hrs.
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: [illegible] 19b. MAJOR FINDINGS OF OPERATION: [illegible] 20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [X] CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: home (CITY OR TOWN) Takoma Park (COUNTY) Monty (STATE) md
TIME OF INJURY (Month) (Day) (Year) (Hour): 6-10-53 - 4 P.m.
INJURY OCCURRED While at work [ ] Not while at work [X]
HOW DID INJURY OCCUR? Fell from window of his home

22. *I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [ ], Inquiry [ ] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ] accident [X] suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS [illegible] Montgomery County Coroner, Rockville, Maryland DATE SIGNED June 11, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: June 12 1953
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Arlington, Virginia.

DATE REC'D BY LOCAL REG.: June 11, 1953
REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Takoma Funeral Home, Cedar Street, Takoma Park, [illegible] ADDRESS

RECEIVED
JUN 12 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 8008 Custer Rd

3. NAME OF DECEASED: (Type or Print) (First) Hildegard (Middle) (Last) Tucker
4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan. 7, 1906
9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR Months 5 Days 10 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ? Holzheidt
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Phillip N. Tucker - Same Item #2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
153X
Immediate cause (a) Starvation — Interval Between Onset And Death: B. months
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Carcinoma - Metastatic of Liver, Gastro intestinal - 6 mo
DUE TO Tract, Lungs; ovaries
(c) Adenoma - Carcinoma - Sigmoid Colon - 7 years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1947
19b. MAJOR FINDINGS OF OPERATION: Adenoma carcinoma of Sigmoid Colon - Removed
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1953, to June 17, 1953, that I last saw the deceased alive on 16 June, 1953, and that death occurred at 3:20 AM., from the causes and on the date stated above.
SIGNATURE John G Ball (Degree or title) M.D. ADDRESS 7936 Georgetown Rd Bethesda Md DATE SIGNED 17 June 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6/22/1953
NAME OF CEMETERY OR CREMATORY: Rockville Union
LOCATION (City, town, or county) (State): Montgomery Maryland
DATE REC'D BY LOCAL REGISTRAR: 6/20/53
REGISTRAR'S SIGNATURE: Bessie M. Thompson
24. FUNERAL DIRECTOR: Robert A. Humphrey
ADDRESS: Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

CEIVED
1953
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 8 hrs 35 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 737 Thayer ave.

3. NAME OF DECEASED (Type or Print) (First) Iva (Middle) Lee (Last) Ward.

4. DATE OF DEATH (Month) June (Day) 21 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 1-1925
9. AGE last birthday 28 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book Binder
10b. KIND OF BUSINESS OR INDUSTRY Lithographing
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Harden Forrester
14. MOTHER'S MAIDEN NAME Ruth Make

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. 230-28-7537
17. INFORMANT AND ADDRESS 737 Thayer ave. (Husband) Carl Ward Silver Spring

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Shock – Thoracic hemorrhage due to	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Crushed chest & laceration of left lung	9 hrs
	(c) Abominal hemorrhage due to rupture of spleen	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY highway
(CITY OR TOWN) Rockville (COUNTY) Montg (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) June 21-53 12:01 am
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Pedestrian struck by auto

22. I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE Frank J. Broerhart (Degree or title) M.D. ADDRESS Gaithersburg, Md DATE SIGNED 6-21-53

MODE OF CREMATION OR MOVAL (Specify) Burial-Transit
DATE THEREOF 6-21-53
NAME OF CEMETERY OR CREMATORY Lutheran Church Cem.
LOCATION (City, town, or county) Washington Co., Va. (State)

DATE REC'D BY LOCAL REG. 6/24/1953
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 29 1953

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

291

Reg. Dist. No. 211

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Clarksburg Md
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Clarksburg Md
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) GEORGIE (Middle) — (Last) WARFIELD

4. DATE OF DEATH (Month) JUNE (Day) 27 (Year) 1953

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Feb 8. 1886
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic Own
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles King
14. MOTHER'S MAIDEN NAME Mary E. Watkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Charly W Warfield D C

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead at home

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 6-30-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 30 1953
NAME OF CEMETERY OR CREMATORY Salem
LOCATION (City, town, or county) Cedar Grove Md (State)

DATE REC'D BY LOCAL REG. 6/30/53
REGISTRAR'S SIGNATURE Della W. Burdette
24. FUNERAL DIRECTOR Roy W. Barber Laytonsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 292

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montg. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Green Acres Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Green ACRES
STREET ADDRESS (If rural give location) 5323 - Yorktown Rd

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) HARRY HEMPSTONE WATTS

4. DATE OF DEATH: (Month) 6 (Day) 23 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Dec 6 1890
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Paymaster
10b. KIND OF BUSINESS OR INDUSTRY: Dairy
11. BIRTHPLACE (State or foreign country): Barclex, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Charles Watts
14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mary S. Watts 5323 Yorktown Rd

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.0

Immediate cause
(a) Acute cardiac decompensation — 3 mos.
DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Arteriosclerotic heart disease — 2 yrs.
DUE TO
(c) Generalized arteriosclerosis — 5 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3-24, 1953, to 6-23, 1953 that I last saw the deceased alive on 6-22, 1953 and that death occurred at 2:30 AM from the causes and on the date stated above.

SIGNATURE George Dewey (Degree or title) M.D. ADDRESS 1629 Columbia Rd N.W. DATE SIGNED 6-23-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 6/25/53 NAME OF CEMETERY OR CREMATORY Oak Hill Cem LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR 6/23/53 REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR The S. H. Hines Co. 2901-14th St. N.W. Washington, D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 25 19[illegible]
BUREAU V. S

6583

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 1200 Pinecrest Circle,

3. NAME OF DECEASED (Type or Print): (First) ANN (Middle) LEE (Last) WEEKS

4. DATE OF DEATH: (Month) June (Day) 30 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1/23/33

9. AGE last birthday: 20 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Olney, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Eugene Clayton Weeks

14. MOTHER'S MAIDEN NAME: Ida Mae Gibson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 579-48-8375

17. INFORMANT AND ADDRESS: Mrs. Ida Mae Weeks, 1200 Pinecrest Circle Silver Spring Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Guillan - Barre Syndrome — 4-5d.

3647 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1940, to 30 June, 1953, that I last saw the deceased alive on 29 June, 1953, and that death occurred at 2:05A m., from the causes and on the date stated above.

SIGNATURE: William D. Cud (Degree or title) MD — ADDRESS: Silver Spring Md. — DATE SIGNED: 30 June 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 7/3/53 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 7/6/53 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Warner E. Pumphrey — ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

RECEIVED
1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda rural
LENGTH OF STAY (in this place): 20 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE [illegible] COUNTY [illegible]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington
STREET ADDRESS (If rural give location): [illegible] 27th. Street, [illegible]

3. NAME OF DECEASED: (Type or Print) (First) Thelma (Middle) Anne (Last) White
4. DATE OF DEATH: (Month) June (Day) 30 (Year) 19 53

5. SEX: [illegible]
6. COLOR OR RACE: [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]
8. DATE OF BIRTH: April 17 1922
9. AGE last birthday: [illegible] yrs. IF UNDER 1 YEAR: Months [illegible] Days [illegible] IF UNDER 24 HRS.: Hours [illegible] Min. [illegible]

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John D. Norton
14. MOTHER'S MAIDEN NAME: Marion E. Farrell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Husband: Martin G. White Same as 2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 2 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart Disease — unk.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 29, 1953, to June 30, 1953, that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 7:05 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] U.S. Naval Hospital, NNMC, Bethesda, Maryland. ADDRESS DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF July [illegible] NAME OF CEMETERY OR CREMATORY Arlington National Cemetery LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR Joseph Gawler's Sons Funeral [illegible] ADDRESS [illegible]

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 2 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, Rural
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) U.S. Naval Radio Station, Cheltenham
STREET ADDRESS (If rural give location) Quarters # 7

3. NAME OF DECEASED: (Type or Print) (First) Benny (Middle) Allen (Last) WILLIAMS
4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: April 22 1951
9. AGE last birthday: 2 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Benny L. WILLIAMS
14. MOTHER'S MAIDEN NAME: Dorothy SPANGLER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: - - - - - - - -
17. INFORMANT & ADDRESS: Father: Benny L. WILLIAMS same as # 2 above

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Congenital Heart Disease (Eisenmenger) — 2 yrs.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ■ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 24, 1953, to June 26, 1953, that I last saw the deceased alive on June 26, 1953, and that death occurred at 1:50 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) P. G. HOVEMAN, LT, MC, USN — ADDRESS U. S. Naval Hospital, Bethesda, Maryland — DATE SIGNED 26 June 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Removal-burial
DATE THEREOF
NAME OF CEMETERY OR CREMATORY Oakland Cemetery
LOCATION (City, town, or county) (State) Warren, Pennsylvania
DATE REC'D BY LOCAL REGISTRAR 26 June 1953
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR R.A. Pumphrey Funeral [illegible] Avenue, Bethesda, Maryland. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-6

RECEIVED
JUN 29 1953
FEDERAL V S

06295

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2 (illegible)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10,614 South Dunmore Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural give location): 523 Dale Drive

3. NAME OF DECEASED: (Type or Print) (First) Grace (Middle) L. (Last) Winterble

4. DATE OF DEATH: (Month) June (Day) 6, (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 11, 1866

9. AGE last birthday: 87 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Doyle

14. MOTHER'S MAIDEN NAME: Mary Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Albert F. Winterble, Sr., 523 Dale Drive Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
450.1 Immediate cause	(a)	Uremia	2 weeks.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Generalized arteriosclerosis	Years.
	DUE TO (c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gangrene both feet — 1 year.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1953, to June 6, 1953, that I last saw the deceased alive on June 3, 1953, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arthur R. Bergman, M.D. — ADDRESS 8801 Colesville Rd, Silver Spring Md. — DATE SIGNED 6/6/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/10/53 — NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery — LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Glasmire & Turnipseed — ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06296

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 3 1/2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San+Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: X 48
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 6609 First St, NW.

3. NAME OF DECEASED: (Type or Print) (First) Marjorie (Middle) Louise (Last) Worch
4. DATE OF DEATH: (Month) 6 (Day) 7 (Year) 1953

5. SEX: Fe
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3-29-1914
9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Marion Reynolds
14. MOTHER'S MAIDEN NAME: Marie Sunderland

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hosp Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 170X (a) Generalized Carcinomatosis
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma Left Breast
DUE TO
(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to June 7, 1953, that I last saw the deceased alive on June 6, 1953, and that death occurred at 7 05 a.m., from the causes and on the date stated above.

SIGNATURE Dean H Harding M.D. (Degree or title) ADDRESS 113 Carroll St NW, Wash, D.C. DATE SIGNED 6/7/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 10-1953
NAME OF CEMETERY OR CREMATORY Geo Harding Con Mem Gen Pr
LOCATION (City, town, or county) Georges Co (State) Md

DATE REC'D BY LOCAL REGISTRAR June 7-1955
REGISTRAR'S SIGNATURE J Nelson Dodd
24. FUNERAL DIRECTOR F. J. Collins ADDRESS 3821 14TH ST N.W. WASH, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 11714 Gret Ave.

3. NAME OF DECEASED: (Type or Print) (First) Jane (Middle) Theresa (Last) Yarnall

4. DATE OF DEATH: (Month) June (Day) 2 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 5-2-70
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Eckhart Md.
12. CITIZEN OF WHAT COUNTRY? U.S.G.

13. FATHER'S NAME: James Morgan
14. MOTHER'S MAIDEN NAME: Mary Durkin

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: (Daughter) Arlington, Va. Mrs Alice Palmer - 1116 S. Edgewood St.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 151 X (a) carcinoma stomach — Interval Between Onset And Death 1 yr
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arthritis generalized arteriosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951 to 6/2, 1953 that I last saw the deceased alive on 6/2/53, 19 , and that death occurred at 10:15 PM from the causes and on the date stated above.

SIGNATURE Patrick C. Jameson (Degree or title) M.D. ADDRESS 1100 Seminary Rd Silver Spring, Md DATE SIGNED 6/3/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 6/3/53 NAME OF CEMETERY OR CREMATORY St Patricks Cem LOCATION (City, town, or county) Cumberland (State) Md.

DATE REC'D BY LOCAL REGISTRAR June 5th 1953 REGISTRAR'S SIGNATURE J. Milton Dodd
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS Silver Spring Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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